EXTENDED TO MAY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| ΑI | For th | e 2017 calendar year, or tax year beginning 3 | UL 1, 2017 and | dending J | UN 30, 2 | 018 | |
|-----------------------------|----------------------|---------------------------------------------------------------------|---------------------------------------------|----------------|----------------|-----------------------|--------------------------------------------------|
| В | Check if applicab | C Name of organization | | | D Emple | oyer identific | cation number |
| | Addre chang | ss university of pittsburgh | | | | | |
| | Name chang | Doing business as | | | İ | 25-096 | 5591 |
| | lnitial retum | Number and street (or P.O. box if mail is not de | elivered to street address) | Room/suite | E Telepi | none number | , |
| | Final return | 116 ATWOOD STREET, SUITE 201 | | | • | | 624-6395 |
| | termi: ated | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross re | ceipts \$ | 4,904,762,877. |
| | Amen return | PITTSBORGH, PA 13200-0100 | | | H(a) Is th | is a group re | turn |
| | Application | F Name and address of principal officer: PATR | ICK D. GALLAGHER | | for s | ubordinates | ? Yes X No |
| | pendi | 107 CATHEDRAL OF LEARNING, PGH, PA | 15260 | | | | cluded? Yes No |
| 1 | Tax-ex | empt status: X 501(c)(3) 501(c) (|)◀ (insert no.) 4947(a)(1) | or 527 | If "N | lo," attach a | list. (see instructions) |
| | | te: > WWW.PITT.EDU | | | H(c) Gro | up exemptio | n number 🕨 |
| <u>K</u> | orm o | | ssociation Other > | L Year | of formation | 1787 N | State of legal domicile; PA |
| Pa | art I | Summary | | | | | |
| ø | 1 | Briefly describe the organization's mission or mos | t significant activities: TO PRO | VIDE HIGH | QUALITY | <u> </u> | |
| auc | | EDUCATIONAL SERVICES, RESEARCH, AND C | | | | | |
| Activities & Governance | | Check this box 🕨 📖 if the organization disco | | | | | sets. |
| Š | | Number of voting members of the governing body | | | | | 36 |
| ×. | | Number of independent voting members of the go | | | | | 27 |
| ies | | Total number of individuals employed in calendar | | | | | 27429 |
| Ę. | | Total number of volunteers (estimate if necessary) | | | | | 278 |
| Aci | | Total unrelated business revenue from Part VIII, c | | | | | 2,461,988. |
| | b | Net unrelated business taxable income from Form | 990-T, line 34 | | | 7b | 0. |
| | | | | | Prior \ | | Current Year |
| e. | | Contributions and grants (Part VIII, line 1h) | | | 2 2 2 2 2 2 2 | ,336,561. | 299,849,095. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | | | ,063,918. | 2,012,756,508. |
| Re | | Investment income (Part VIII, column (A), lines 3, 4 | | | | ,558,986. | 217,265,680. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | | | ,327,761. | 17,791 029. |
| | | Total revenue - add lines 8 through 11 (must equa | | | - | ,287,226. | 2,547,662,312. |
| | | Grants and similar amounts paid (Part IX, column | ,281,394. | 292,273,290. | | | |
| | | Benefits paid to or for members (Part IX, column (| | | 1 104 | 0. | 1 283 107 625 |
| Ses | | Salaries, other compensation, employee benefits | | | 1,194 | ,456,366. 341,050. | 1,283,107,625. |
| Expenses | 108 | Professional fundraising fees (Part IX, column (A), | ne 25) > 22,924 | | | 341,030. | 334,377, |
| Ë | | Total fundraising expenses (Part IX, column (D), lir | | | | ,525,545. | 788,038,278. |
| | | Other expenses (Part IX, column (A), lines 11a-11c | | | | ,604,355. | 2,363,753,770. |
| | 1 | Total expenses. Add lines 13-17 (must equal Part | | | | 682,871. | 183,908,542. |
| _Se | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | | urrent Year | |
| Net Assets or Fund Balances | 20 | Fotal assets (Part V line 16) | | Dei | | ,956,592. | End of Year 6,896,394,922. |
| Ass Bal | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | *************************************** | ····· | | ,887,057. | 1,839,600,667. |
| 誕 | 21 | Net assets or fund balances. Subtract line 21 from | lina 20 | | | ,069,535. | 5,056,794,255. |
| | irt II | Signature Block | 1 11116 20 | | 1,0,0 | , 007, 000. | |
| | | ties of perjury, I declare that I have gxamined this return | including accompanying schedule | es and stateme | ents, and to | the hest of my | knowledge and belief, it is |
| | | , and complete Declaration of preparer (other than offic | | | | | momeagy and solley it is |
| , | | 1 late to | 0.7 10 00000 011 211 (110111111111111111111 | mon proparo | 1140 4277 1474 | 5 10. | /G |
| Sigr | 1 | Signature of officer | | | 10 | ate | / |
| Her | | ► HARI SASTRY, SENIOR VICE CHANCELI | OR & CFO | | | | |
| | _ | Type or print name and title | | | | | |
| | | Print/Type preparer's name | Preparer's signature | T D | ate | Check | PTIN |
| Paid | | NANCY MURPHY | M. Malm | 5 | 5-2-19 | if self-employer | P00482451 |
| Prep | arer | Firm's name KPMG | · · · / · · · · · · · · · · · · · · · · | | | rm's EIN | 13-5565207 |
| Use | | Firm's address 1676 INTERNATIONAL DRIVE | · | | | F | |
| | | MCLEAN, VA 22102 | | | Р | hопе no.703- | 286-8000 |
| A Anu | the IE | S discuss this roturn with the property shown she | ove2 (and instructions) | | | - | X Voc No |

| Form | 1990 (2017) UNIVERSITY OF PITTSBURGH | 25-0965591 | Page 2 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| | rt III Statement of Program Service Accomplishments | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE 0 | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | | Yes X No |
| | If "Yes," describe these new services on Schedule O. | _ | . — |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | | Yes X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by exp | enses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total exper | nses, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ | ue \$85 | <u>4,871,546.</u>) |
| | RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED | | |
| | TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY | | |
| | OR BUDGETED BY A UNIT. | | |
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| | | | |
| 4b | (Code:) (Expenses \$ 578,408,968. including grants of \$) (Reven | | 3,848,027.) |
| | INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S | <u>αυ</u> | , |
| | INSTRUCTION PROGRAMS. | | |
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| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ | ue \$20 | 6,289,455. |
| | ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S | | |
| | PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. | | |
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| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | 120 054 152 : | |
| 4 - | | 139,954,153.) | |
| <u>4e</u> | Total program service expenses ▶ 2,148,918,487. | | orm 990 (2017) |
| | | F | umi əəu (2017) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ŭ | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | ١ |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 44.1 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplate schedule D, Part X, line 353 If "Yes," complete Schedule D, Part X | 11d 11e | Х | |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | TIE | Λ | |
| ' | the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | ., | |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 4. | v | |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | Х | |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| .0 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | х |
| | | | | |

25-0965591

Form 990 (2017) Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--------------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | . | 17 | |
| | Schedule K. If "No", go to line 25a | 24a | Х | х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ A |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04- | | x |
| | any tax-exempt bonds? | 24c | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 2 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | Х | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Х | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | Х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | v | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | Х | |
| 250 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | X | |
| | | 35a | Λ | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | \vdash |
| 55 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | - |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | | | 000 | ·· |

25-0965591

Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
|----|---------------------------------------------------------------------------------------------------------------------|----------|-----------------------|------|-------|-------|--|--|--|
| | | | | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 55502 | | | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and re | porta | ble gaming | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | х | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 27429 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | | 2b | х | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | | | | | | | |
| За | | | | За | х | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | Х | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | ity over, a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | • | 4a | . | х | | | |
| b | If "Yes," enter the name of the foreign country: | | , | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | ts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | х | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | Х | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | . | х | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | | | | |
| | were not tax deductible? | | _ | 6b | . | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p | rovided to the payor? | 7a | х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Х | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| | to file Form 8282? | | | 7c | . | Х | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | :t? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | Х | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | le a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | е | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ı | ı | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ı | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | ı | ? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | |
| 13 | | | | | | | | | |
| а | a Is the organization licensed to issue qualified health plans in more than one state? | | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | b Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | |
| | | | | 14a | | Х | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | υ | | 14b | 000 | (0047 | | | |
| | | | | Form | 990 (| (201/ | | | |

732005 11-28-17

UNIVERSITY OF PITTSBURGH Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 36 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 27 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request X Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THURMAN D. WINGROVE - (412)624-6050 3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471

Form 990 (2017) UNIVERSITY OF PITTSBURGH 25-0965591 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | (C) | | | • | | (D) | (E) | (F) | |
|--------------------------------------|-------------------|--------------------------------|-----------------------------------------|----------|--------------|---------------------------------|----------|-----------------|-------------------------------|-----------------------|
| Name and Title | Average | (do | Position (do not check more than one | | |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week (list any | \vdash | CCI ai | | I |)/ a da | 1 | from the | from related organizations | other compensation |
| | hours for | direct | | | | D. | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | , | organization |
| | organizations | al trus | onal tr | | loyee | comp | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JANE BILEWICZ ALLRED | 5.00 | 드 | 드 | 5 | ᢌ | 포 등 | 요 | | | |
| TRUSTEE | 3,00 | x | | | | | | 0. | 0. | 0. |
| (2) JOHN A. BARBOUR | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (3) EVA TANSKY BLUM | 5.00 | | | | | | | | | |
| CHAIRPERSON OF THE BOARD OF TRUSTEES | | Х | | Х | | | | 0. | 0. | 0. |
| (4) MICHAEL A. BRYSON | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (5) MARY ELLEN CALLAHAN | 5.00 | l | | | | | | | | |
| TRUSTEE TO THE TRUSTEE | F 00 | Х | | | | | | 0. | 0. | 0. |
| (6) JAY COSTA, JR. TRUSTEE | 5.00 | x | | | | | | 0. | 0. | 0. |
| (7) JAMES P. COVERT | 5.00 | ^ | | | | | | 0. | 0. | <u> </u> |
| TRUSTEE | 3.00 | x | | | | | | 0. | 0. | 0. |
| (8) BRADLEY J. FRANC | 5.00 | | | | | | | · · · | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (9) PATRICK D. GALLAGHER | 40.00 | | | | | | | | | |
| CHANCELLOR / CEO | | х | | х | | | | 530,848. | 15,000. | 222,045. |
| (10) EDWARD J. GREFENSTETTE | 5.00 | | | | | | | | | |
| TRUSTEE | 40.00 | х | | | | | | 0. | 1,021,423. | 727,886. |
| (11) IRA J. GUMBERG | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (12) DAWNE S. HICKTON | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (13) SY HOLZER | 5.00 | 1 | | | | | | _ | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (14) PATRICIA D. HOROHO | 5.00 | ١ | | | | | | | | |
| TRUSTEE (15) THOMAS OF TOWNSON | F 00 | Х | | | | | | 0. | 0. | 0. |
| (15) THOMAS O. JOHNSON TRUSTEE | 5.00 | x | | | | | | 0. | 0. | _ |
| (16) S. JEFFREY KONDIS | 5.00 | <u> </u> | \vdash | \vdash | | \vdash | \vdash | 0. | 0. | 0. |
| TRUSTEE | J.00 | X | | | | | | 0. | 0. | 0. |
| (17) TERRY LAUGHLIN | 5.00 | | | | | | | Ŭ. | | <u> </u> |
| TRUSTEE | 1,00 | x | | | | | | 0. | 0. | 0. |
| | | _ | _ | Ь— | | _ | | | | F 000 (2017) |

732007 11-28-17

| 10111000 (2017) | OF PITTSBURG | H | | | | | | | 25-0965591 | Page 8 |
|---------------------------------------------|------------------------|--------------------------------|--------------------------------------------------------------|---------|--------------|------------------------------|-------------|-------------------------|--------------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Em | ploy | rees | , and | d Hi | ghe | st C | ompensated Employe | es (continued) | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Pos | | | one | Reportable | Reportable | Estimated |
| | hours per | box | ox, unless person is both an officer and a director/trustee) | | | | h an | compensation | compensation | amount of |
| | week | - | | | | ulrector/trustee) | | from | from related | other |
| | (list any hours for | recto | | | | | | the | organizations | compensation |
| | related | or di | æ | | | ated | | organization | (W-2/1099-MISC) | from the |
| | organizations | ustee | trust | | , e | ubeus | | (W-2/1099-MISC) | | organization and related |
| | below | ual tr | tional | | ploye | st con | _ | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (18) WILLIAM K. LIEBERMAN | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (19) ROBERT G. LOVETT | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (20) ROBERTA A. LUXBACHER | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (21) JOHN A. MAHER III | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (22) F. JAMES MCCARL III | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (23) LARRY J. MERLO | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (24) MARTHA HARTLE MUNSCH | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (25) JOHN H. PELUSI, JR. | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (26) THOMAS E. RICHARDS | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 530,848. | 1,036,423. | 949,931. |
| c Total from continuation sheets to Part | VII, Section A | | | | | | > | 12,698,486. | 0. | 856,581. |
| d Total (add lines 1b and 1c) | | | | | | | | 13,229,334. | 1,036,423. | 1,806,512. |
| 2 Total number of individuals (including bu | t not limited to th | ose | liste | ed al | bove | e) wł | no re | eceived more than \$100 | ,000 of reportable | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

| | | | 169 | INO |
|---|----------------------------------------------------------------------------------------------------------------------------|---|-----|-----|
| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | Х | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|
| SODEXO | | |
| PO BOX 536922, ATLANTA, GA 30353-6922 | FOOD SERVICE | 39,050,452. |
| VOLPATT CONSTRUCTION CORP. | | |
| 100 CASTLEVIEW RD, PITTSBURGH, PA 15234 | CONSTRUCTION | 14,844,334. |
| PJ DICK INC, NW 957 PO BOX 1450225 NORTH | | |
| SHORE DRIVE, PITTSBURGH, PA 1521 | CONSTRUCTION | 14,601,134. |
| WORLD WIDE TECHNOLOGY, INC. | | |
| PO BOX 957653, ST. LOUIS, MO 63195-7653 | TECHNOLOGY SERVICE | 8,959,705. |
| MASCARO CONSTRUCTION CO LP, 1720 | | |
| METROPOLITAN STREET, PITTSBURGH, PA 15233 | CONSTRCUTION | 8,640,446. |
| 2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 911 | , | |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

2,227

Form 990 UNIVERSITY OF PITTSBURGH 25-0965591

| Form 990 UNIVERSITY OF | PITTSBURG | H | | | | | | | 25-096559 | 1 |
|----------------------------------------------|-------------------|-------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı | nplo | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | (D) | (E) | (F) | | | | | |
| Name and title | Average | | | | C) ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | neck | all t | that | nat apply) | | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | loyee | | the | organizations | compensation |
| | (list any | irecto | | | | emp | | organization | (W-2/1099-MISC) | from the |
| | hours for related | e or d | tee | | | sated | | (W-2/1099-MISC) | | organization and related |
| | organizations | truste | al frus | | yee | mpen | | | | organizations |
| | below | ndividual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | -e | | | |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | |
| (27) KEITH E. SCHAEFER | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (28) HERBERT S. SHEAR | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 82,056. | 0. | 0. |
| (29) JACK SMITH | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (30) WILLIAM E. STRICKLAND, JR. | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 2,000. | 0. | 0. |
| (31) STEPHEN R. TRITCH | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (32) THOMAS L. VANKIRK | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (33) PETER C. VARISCHETTI | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0, |
| (34) JOHN J. VERBANAC | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0, |
| (35) KEVIN WASHO, JR. | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 29,444. | 0. | 556. |
| (36) JAKE WHEATLEY, JR. | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (37) PATRICIA E. BEESON | 40.00 | | | | | | | | | |
| PROVOST/SR VICE CHANCELLOR | 1.00 | | | х | | | | 443,474. | 0. | 74,099 |
| (38) KATHY S. HUMPHREY | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR, ENGAGEMENT | | | | х | | | | 411,583. | 0. | 57,193 |
| (39) PAUL LAWRENCE | 40.00 | | | | | | | | | |
| TREASURER | | | | х | | | | 373,793. | 0. | 65,019. |
| (40) ARTHUR S. LEVINE | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR, HEALTH SCIENES | 5.00 | | | Х | | | | 981,446. | 0. | 93,215. |
| (41) AMY KRUEGER MARSH | 40.00 | | | | | | | | | |
| TREASURER (THRU 03/31/18) | 1.00 | | | Х | | | | 461,546. | 0. | 67,330. |
| (42) ARTHUR G. RAMICONE | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR & CFO | 2.00 | | | Х | | | | 417,751. | 0. | 25,793. |
| (43) ROBIN A. RUTENBAR | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR- RESEARCH | | | | Х | | | | 204,097. | 0. | 23,455. |
| (44) GREGORY A. SCOTT | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR, BUSINESS OPS | | | | Х | | | | 344,297. | 0. | 42,473. |
| (45) GEOVETTE E. WASHINGTON | 40.00 | | | | | | | | | |
| SR VICE CHANCELLOR & CHIEF LEGAL OFF | | | | Х | | | | 411,613. | 0. | 31,757 |
| (46) PATRICK R. NARDUZZI | 40.00 | | | | | | | | | |
| HEAD FOOTBALL COACH | | | | | | Х | | 3,173,494. | 0. | 40,459. |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

Form 990 UNIVERSITY OF PITTSBURGH 25-0965591

| Form 990 UNIVERSITY OF | 25-0965591 | | | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|-----------------------|---------|-----------------------------|------------------------------|----------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Key Er | nplo | oyee | es, a | nd l | High | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | (cl | | Pos | C) sition that | | oly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (47) KEVIN STALLINGS FORMER HEAD BASKETBALL COACH- MEN | 40.00 | | | | | х | | 2,452,358. | 0. | 39,850 |
| (48) SUZANNE MCCONNELL-SERIO FORMER HEAD BASKETBALL COACH- WOMEN | 40.00 | | | | | x | | 698,656. | 0. | 30,771 |
| (49) MICHAEL BECICH CHAIR- BIOMEDICAL INFORMATICS | 40.00 | | | | | x | | 632,530. | 0. | 98,692 |
| (50) ALTON JAMES | 40.00 | | | | | x | | 568,939. | 0. | |
| OIRECTOR, UPCI (51) B. JEAN FERKETISH | 40.00 | | | | | ^ | <u> </u> | | - | 50,37 |
| FORMER SECRETARY BOARD OF TRUSTEES (52) MARK A. NORDENBERG | 40.00 | | | | | | Х | 193,830. | 0. | 31,18 |
| FORMER CHANCELLOR | | | | | | | х | 815,579. | 0. | 84,36 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Fotal to Part VII, Section A, line 1c | | | | | | | | 12,698,486. | | 856,58 |

25-0965591

Form 990 (2017) UNIVERSITY OF PITTSBURGH
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a respo | nse or note to any li | ne in this Part VIII | | | Х |
|--------------------------------------------------------|-----------|-----------------------------------------------------|--------------|---------------------------------------|----------------------|----------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|
| | | | · | , | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| इ इ | 1 a | Federated campaigns | 1a | | | 10701100 | 101011010 | 312 314 |
| ran | | Membership dues | | | - | | | |
| <u>a</u> <u>G</u> | | Fundraising events | | 1,116,862. | 1 | | | |
| ifts ar A | | Related organizations | | | | | | |
| s, G | | Government grants (contribut | | 191,261,897. | | | | |
| Sil | | All other contributions, gifts, gran | | | 1 | | | |
| her | • | similar amounts not included above | I | 107,470,336. | | | | |
| 들던 | a | Noncash contributions included in lines | | 8,922,913. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | _ | 299,849,095. | | | |
| | | | | Business Code | | | | |
| ø | 2 a | GRANTS/CONTRACTS | | 541700 | 854,871,546. | | | 854,871,546. |
| Program Service Revenue | b | | | 611710 | 813,848,027. | 813,848,027. | | |
| Se | c | SALES-EDUCATIONAL | | 711300 | 203,173,873. | | 1,057,534. | |
| am | d | SALES-AUXILIARY | | 900004 | 139,954,153. | | 1,022,929. | |
| og R | е | UNIVERSITY PRESS | | 511130 | 908,909. | 908,909. | | |
| P | f | All other program service reve | nue | | | | | |
| | | Total. Add lines 2a-2f | | | 2,012,756,508. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | > | 72,637,532. | | | 72,637,532. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | > | 7,184,701. | | | 7,184,701. |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 18,443,9 | 30. | | | | |
| | b | Less: rental expenses | 9,974,6 | 12. | | | | |
| | С | Rental income or (loss) | 8,469,3 | 18. | | | | |
| | d | Net rental income or (loss) | |) | 8,469,318. | | | 8,469,318. |
| | 7 a | Gross amount from sales of | (i) Securiti | es (ii) Other | | | | |
| | | assets other than inventory | 24822005 | 93. | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 23375724 | - | | | | |
| | С | Gain or (loss) | 144,628,1 | 48. | | | | |
| | | Net gain or (loss) | | | 144,628,148. | | | 144,628,148. |
| e | 8 a | Gross income from fundraising | • | t | | | | |
| _ | | including \$ 1,116 | | | | | | |
| Other Rever | | contributions reported on line | | | | | | |
| ē | | Part IV, line 18 | | | 4 | | | |
| ₹ | | Less: direct expenses | | | | | | 454 400 |
| | | Net income or (loss) from fund | - | ts ▶ | -451,188. | | | -451,188. |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | - | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | · · · · · · · · · · · · · · · · · · · | | | | |
| | ю а | Gross sales of inventory, less | | a 11,733,971. | | | | |
| | L | and allowances Less: cost of goods sold | | · - | + | | | |
| | | | | | 2,912,535. | 2,206,673. | 705,862. | |
| | С | Net income or (loss) from sale Miscellaneous Revenu | | Business Code | | 2,200,073. | ,05,002. | |
| | 11 2 | PARTNERSHIP GAIN(LOSS) | <u> </u> | 523000 | -324,337. | | -324,337. | |
| | ii a b | | | | 521,557. | | 222,337. | |
| | C | | | _ | | | | |
| | | All other revenue | | _ | | | | |
| | | Total. Add lines 11a-11d | | -324,337. | | | | |
| | 12 | Total revenue. See instructions. | | | | 1,158,011,172. | 2,461,988. | 1087340057. |

732009 11-28-17

25-0965591

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| ٦٥ - | Check if Schedule O contains a response | (A) | (B) | (C) | (D) |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 95,228,048. | 95,228,048. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 192,794,560. | 192,794,560. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 4,250,682. | 4,250,682. | | |
| 4 | Benefits paid to or for members | , , | , , | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 5,239,070. | 811,191. | 4,081,397. | 346,48 |
| 6 | Compensation not included above, to disqualified | , , | , | , , | · · · · · · · · · · · · · · · · · · · |
| _ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1,800,066. | 1,417,192. | 382,874. | |
| 7 | Other salaries and wages | 998,280,293. | 906,218,352. | 79,271,415. | 12,790,52 |
| 8 | Pension plan accruals and contributions (include | , , | , , = , | , , | , , , , - |
| - | section 401(k) and 403(b) employer contributions) | 91,695,751. | 82,267,035. | 8,098,651. | 1,330,06 |
| 9 | Other employee benefits | 122,764,582. | 109,772,096. | 10,417,551. | 2,574,93 |
| 0 | Payroll taxes | 63,327,863. | 56,595,443. | 5,754,617. | 977,80 |
| 1 | Fees for services (non-employees): | | 7 - 7 1 | . , , | , |
| | Management | 393,730. | | 393,730. | |
| | Legal | 7,227,277. | | 7,227,277. | |
| | Accounting | 862,476. | | 862,476. | |
| | | 956,568. | 956,568. | 502,175. | |
| | LobbyingProfessional fundraising services. See Part IV, line 17 | 334,577. | 330,300. | | 334,57 |
| f | Investment management fees | 43,859,770. | | 43,859,770. | 331,37 |
| | | 10,000,770. | | 13,033,770. | |
| g | column (A) amount, list line 11g expenses on Sch O.) | 176,183,217. | 174,880,735. | | 1,302,48 |
| ^ | | 2,546,446. | 2,542,771. | | 3,67 |
| 2 | Advertising and promotion | 102,555,871. | 101,860,092. | | 695,77 |
| 3 | Office expenses | 37,723,997. | 37,228,616. | 313,879. | 181,50 |
| 4 | Information technology | 31,123,331. | 37,220,010. | 313,073. | 101,30 |
| 5 | Royalties | 135,814,326. | 127,004,171. | 7,437,888. | 1 372 26 |
| 6 - | Occupancy | | <u>' '</u> | | 1,372,26 |
| 7 | Travel | 50,536,379. | 45,556,077. | 4,153,759. | 826,54 |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | F 076 016 | F 702 F27 | | 02.60 |
| 9 | Conferences, conventions, and meetings | 5,876,216. | 5,792,527. | 2 226 212 | 83,68 |
| 0 | Interest | 30,171,244. | 27,944,931. | 2,226,313. | |
| 1 | Payments to affiliates | 176 124 442 | 160 765 006 | 12 260 427 | |
| 2 | Depreciation, depletion, and amortization | 176,134,443. | 162,765,006. | 13,369,437. | 0 51 |
| 3 | Insurance | 5,542,859. | 2,396,339. | 3,137,009. | 9,51 |
| 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | LIBRARY | 7,065,800. | 7,065,800. | | |
| b | DUES AND FEES | 4,587,659. | 3,570,255. | 922,391. | 95,01 |
| c | | | | · | • |
| d | | | | | |
| | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 2,363,753,770. | 2,148,918,487. | 191,910,434. | 22,924,84 |
| . <u>5</u> :6 | Joint costs. Complete this line only if the organization | , , , , , , , - , , | ,,,,• | -,, | , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

Form 990 (2017) Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|---------------|-------|--------------------------------------------------------|----------------|---------------------|-----------------------------------------|----------|------------------------------|
| | | Check if Schedule O contains a response or note | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | 544,372,491. | 2 | 428,744,483 | | |
| | 3 | Pledges and grants receivable, net | | | 143,006,746. | 3 | 180,641,545 |
| | 4 | Accounts receivable, net | | | 82,289,676. | 4 | 109,095,242 |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | ted em | oloyees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | - | · | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of section | | | | | |
|)ts | | employees' beneficiary organizations (see instr). | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 45,383,745. | 7 | 40,610,582 |
| • | 8 | Inventories for sale or use | | | 5,274,467. | 8 | 4,849,751 |
| | 9 | Prepaid expenses and deferred charges | | | 15,650,017. | 9 | 18,705,877 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | | | | |
| | b | | 10b | 2,765,070,701. | 1,783,095,861. | 10c | 1,834,129,059 |
| | 11 | Investments - publicly traded securities | 1,621,158,759. | 11 | 1,696,082,901 | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 2,371,831,801. | 12 | 2,553,838,168 |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 27,893,029. | 15 | 29,697,314 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 6,639,956,592. | 16 | 6,896,394,922 |
| | 17 | Accounts payable and accrued expenses | | | 730,898,088. | 17 | 730,392,604 |
| | 18 | Grants payable | | | 117 000 006 | 18 | 404 055 504 |
| | 19 | Deferred revenue | | | 117,298,206. | 19 | 121,275,724 |
| | 20 | Tax-exempt bond liabilities | | | 95,909,254. | 20 | 95,871,113 |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ies | 22 | Loans and other payables to current and former | | | | | |
| <u> </u> | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | 042 460 025 | 23 | 727 540 057 |
| | 24 | Unsecured notes and loans payable to unrelated | | | 843,469,835. | 24 | 737,548,957 |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | - | | 177,311,674. | 05 | 154 512 260 |
| | 26 | Schedule D Total liabilities. Add lines 17 through 25 | | | 1,964,887,057. | 25 26 | 154,512,269 1,839,600,667 |
| | 26 | Organizations that follow SFAS 117 (ASC 958) | | | 1,304,007,037. | 20 | 1,033,000,007 |
| 'n | | complete lines 27 through 29, and lines 33 and | | There And And | | | |
| č | 27 | Unrestricted net assets | | | 3,105,495,219. | 27 | 3,366,479,768 |
| Fund Balances | 28 | Temporarily restricted net assets | | | 829,573,540. | 28 | 924,249,147 |
| ĕ | 29 | B | | | 740,000,776. | 29 | 766,065,340 |
| Ĕ | 23 | Organizations that do not follow SFAS 117 (AS | | check here | , _ , , , , , , , , , , , , , , , , , , | | ,, |
| | | and complete lines 30 through 34. | JO 300, | , cricci ricre | | | |
| g | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Net Assets or | 31 | Paid-in or capital surplus, or land, building, or equ | | | | 31 | |
| Ž | 32 | Retained earnings, endowment, accumulated inc | | | | 32 | |
| | ا عدا | | | | | | 5,056,794,255 |
| Š | 33 | Total net assets or fund balances | | 1 | 4,675,069,535. | 33 | J UDB /94 / 77 |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | • | • | | | |
|------|----------------------------------------------|-----------------------------|----------------------|---------------------------|----------------------------|---------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | , , | , | . , | , | , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 262,013,513. | 266,296,975. | 255,591,396. | 261,078,515. | 272,881,210. | 1317861609. |
| 2 | Tax revenues levied for the organ- | | | | | | _ |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 262,013,513. | 266,296,975. | 255,591,396. | 261,078,515. | 272,881,210. | 1317861609. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1317861609. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 262,013,513. | 266,296,975. | 255,591,396. | 261,078,515. | 272,881,210. | 1317861609. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 118,278,396. | 97,949,398. | 105,878,260. | 101,861,693. | 98,266,163. | 522,233,910. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1840095519. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 11 | ,306,217,305. |
| 13 | First five years. If the Form 990 is for | | | | | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2017 (| line 6, column (f) d | ivided by line 11, c | olumn (f)) | | 14 | 71.62 % |
| 15 | Public support percentage from 2016 | Schedule A, Part | II, line 14 | | | 15 | 71.96 % |
| 16a | 33 1/3% support test - 2017. If the | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2016. If the | organization did no | t check a box on I | ine 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | ▶Ш |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | nis box and stop h | iere. Explain in Pa | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶□ |
| b | 10% -facts-and-circumstances tes | t - 2016. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | qualifies as a publi | cly supported orga | anization | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | and see instruction | s 🕨 🔲 |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2017 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | below, please con | ipiete i ait ii.) | | | | |
|-----------------------------------------------------------------------------------------------|---------------------|----------------------|----------------------|-------------------|-----------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 Gifts, grants, contributions, and | | | , , | ` ' | | , |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | <u> </u> | | | |
| are not an unrelated trade or bus- | | | | | | |
| | | | | | | |
| Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| • | | | | | | |
| or expended on its behalf | <u> </u> | + | | | | - |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | 1 |
| 6 Total. Add lines 1 through 5 | | 1 | | | | |
| 7a Amounts included on lines 1, 2, and | 1 | | | | | |
| 3 received from disqualified persons | ³ | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | , |
| Calendar year (or fiscal year beginning in) 🕨 | <u>`</u> | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesse | 3 | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | , | | | | | |
| 14 First five years. If the Form 990 is f | • | 's first second thi | rd fourth or fifth t | av vear as a sect | | zation |
| check this box and stop here | · · | • | • | - | | |
| Section C. Computation of Pul | | | | | | |
| 15 Public support percentage for 2017 | | | column (fl) | | 15 | 9 |
| 16 Public support percentage from 20 | | | | | 16 | |
| Section D. Computation of Inv | | | | | 10 | |
| 17 Investment income percentage for 2 | | | | | 17 | (|
| 18 Investment income percentage from | | | | | 18 | |
| 19a 33 1/3% support tests - 2017. If the | | | | | | |
| | - | | | | | |
| more than 33 1/3%, check this box | | | | | | |
| b 33 1/3% support tests - 2016. If the | - | | | | | |
| line 18 is not more than 33 1/3%, cl | | | | | | |
| 20 Private foundation. If the organizat | ion did not check a | a box on line 14, 19 | a, or 19b, check t | nis box and see i | nstructions | ▶∟ |

732023 10-06-17

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| | dule A (Form 990 or 990-EZ) 2017 UNIVERSITY OF PITTSBURGH | 25-0965591 | Pa | age 5 |
|-----|--------------------------------------------------------------------------------------------------------------------------|------------------------|-----|--------------|
| Pai | t IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | (| | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee in: | structions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity. | tity (see instructions | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Sa | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | |
|------|---------------------------------------------------------------------------------|-----------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust o | n Nov. 20, 1970 (explain in | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete : | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionall | y integr | ated Type III supporting org | ganization (see |
| | instructions) | | | |

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _(continued) | |
|----------|----------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | Э | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1_ | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| - | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| _ | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| <u>e</u> | LAUGSS 11U111 ZU11 | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C. |
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

| Tax |) (see separate instructions), then | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| • | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
| Nan | ne of organization | • | | Empl | oyer identification number |
| | | OF PITTSBURGH | | | 25-0965591 |
| Pa | art I-A Complete if the org | ganization is exempt und | ler section 501(c) | or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | ▶\$ | |
| Pa | art I-B Complete if the org | ganization is exempt und | ler section 501(c) | (3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | der section 4955 | ▶ \$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manag | ers under section 4955 | 5 ▶ \$ | |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part IV. | | i: 504/ \ | | . \(0\) |
| | Enter the amount directly expended | • | | <u> </u> | · · · · |
| 3 | Enter the amount of the filing organexempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and enmade payments. For each organization contributions received that were propolitical action committee (PAC). If | s. Add lines 1 and 2. Enter here a 1120-POL for this year? Inployer identification number (El attion listed, enter the amount pai omptly and directly delivered to | and on Form 1120-POL IN) of all section 527 po d from the filing organiz a separate political org | \$ blitical organizations to which cation's funds. Also enter the anization, such as a separa | Yes No the filing organization ne amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

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| Part II-A Complete if the organi | | | on 501(c)(3) and file | | election under |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| section 501(h)). | | | | (3 | |
| A Check if the filing organization expenses, and share of | | | n Part IV each affiliated | group member's nar | me, address, EIN, |
| B Check ▶ ☐ if the filing organization | checked box A a | nd "limited control" pr | ovisions apply. | | _ |
| Limits o (The term "expenditur | n Lobbying Expe es" means amo | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence | e public opinion | (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence | | | T- | | |
| c Total lobbying expenditures (add lines | 1a and 1b) | | | | |
| d Other exempt purpose expenditures | | | | | |
| e Total exempt purpose expenditures (a | dd lines 1c and 1 | d) | | | |
| f Lobbying nontaxable amount. Enter th | | e following table in bo | th columns. | | |
| If the amount on line 1e, column (a) or (b) | is: The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | 20% of | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000,00 | | 00 plus 15% of the exc | · · · · · · · · · · · · · · · · · · · | | |
| Over \$1,000,000 but not over \$1,500,0 | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17,000 | | \$225,000 plus 5% of the excess over \$1,500,000. | | | |
| Over \$17,000,000 | \$1,000, | 000. | | | |
| Out of the second secon | 250/ -51: 45 | | | | |
| g Grassroots nontaxable amount (enter 2 | | | | | |
| h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or | | | | | |
| j If there is an amount other than zero o | , | line 1i did the organiz | | | |
| reporting section 4911 tax for this year | _ | | | | Yes No |
| Toporting decition 4011 tax for time year | | eraging Period Under | | | |
| (Some organizations that | made a section 5 | | have to complete all o | of the five columns | below. |
| | Lobbying Expe | nditures During 4-Ye | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | | |
| | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (| a) | (k |)) |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|--------------|----------|
| of th | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | w | | | |
| a | Volunteers? | X | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | 77 | | |
| С. | Media advertisements? | 77 | Х | | 2 000 |
| | Mailings to members, legislators, or the public? | Х | | | 3,900. |
| | Publications, or published or broadcast statements? | | X | | |
| | Grants to other organizations for lobbying purposes? | | Х | | 015 554 |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | 915,754. |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | | 21,011. |
| | Other activities? | Х | | | 25,903. |
| | Total. Add lines 1c through 1i | | | | 966,568. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | 504/- | \/ / \/ | -4: | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6) | on suric |)(5), or se | ection | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | - 4.5 | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if sither (c) ROTU Port III. A lines 1 and 0 are grounded. | | | | 0 :- |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | "No," U | R (b) Par | t III-A, III | 1e 3, IS |
| | answered "Yes." | | | 1 | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| b | Carryover from last year | | 2b | | |
| | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3. | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and I | oolitical | | | |
| | expenditure next year? | | 4 | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Par | t IV Supplemental Information | | | | |
| Prov | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part | II-A, lines 1 | and 2 (see | |
| instr | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PART | ! II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |
| | | | | | |
| LINE | A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO | | | | |
| | | | | | |
| ADVO | CATE FOR STATE SUPPORT FOR THE UNIVERSITY THROUGH LETTER WRITING, | | | | |
| | | | | | |
| EMA] | LS AND VISITS TO LEGISLATORS AND STATE OFFICIALS. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| LINE | B: STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE | | | | |

| Part IV Supplemental Information (continued) |
|-------------------------------------------------------------------------|
| STAFF MEMBERS ADVOCATE REGARDING LEGISLATIVE OR OTHER GOVERNMENTAL |
| INITIATIVES WHICH ARE LIKELY TO OR MAY IMPACT THE UNIVERSITY. |
| |
| LINE D: MAILINGS- SENT PERIODICALLY BY THE UNIVERSITY TO LEGISLATORS |
| AND THEIR STAFF UPDATING THEM ON PROGRESS AT THE UNIVERSITY AND |
| HIGHLIGHTS OF NEWS COVERAGE AND OTHER EVENTS AT THE UNIVERSITY. |
| |
| LINE G: DIRECT CONTACT WITH LEGISLATORS- THE UNIVERSITY STAFF WITHIN |
| THE GOVERNMENT RELATIONS OFFICE ENGAGES IN DIRECT CONTACT WITH STATE, |
| FEDERAL AND LOCAL LEGISLATORS AND GOVERNMENT OFFICIALS IN SUPPORT OF |
| UNIVERSITY ADVOCACY EFFORTS ON ISSUES WHICH ARE LIKELY TO OR MAY AFFECT |
| THE UNIVERSITY. |
| |
| LINE H: RALLIES AND DEMONSTRATIONS- THE EXPENSE SET FORTH IN PART II-B, |
| 1H RELATE TO THE UNIVERSITY'S PITT DAY IN HARRISBURG WHEN UNIVERSITY |
| STAFF, ALUMNI AND STUDENTS VISIT THE PENNSYLVANIA STATE CAPITOL TO |
| PROVIDE UPDATES ON PROGRESS, WORK AND RESEARCH AT THE UNIVERSITY, AND |
| TO ADVOCATE FOR STATE SUPPORT FOR THE UNIVERSITY. |
| |
| LINE I: OTHER ACTIVITIES- THE EXPENSE RELATES TO THE EFFORTS OF |
| UNIVERSITY STAFF WHO HELP TO ORGANIZE AND TRACK THE EFFORTS OF |
| VOLUNTEER ALUMNI, STAFF AND STUDENTS. |
| |
| |
| |
| |
| |
| |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Sir | nilar Funds or A | CCOUNTS Complete if the |
|----|-------------------------------------------------------------------|--------------------------------|--------------------------|----------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | | a. 1 ando 01 71 | oodanto. Oomplete ii the |
| | organization answered Tes Officini 990, Fait IV, iii | (a) Donor advised f | unds (I | b) Funds and other accounts |
| 4 | Total number at and of year | (a) Bonor advised t | unuo (i | of tarias and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | | | |
| | are the organization's property, subject to the organization's | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | • |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any | other purpose confer | |
| _ | impermissible private benefit? | | | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | | on Form 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or e | education) Preserv | ation of a historically | important land area |
| | Protection of natural habitat | Preserv | ation of a certified his | storic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contributi | on in the form of a co | nservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired | | | |
| | listed in the National Register | · | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | | ization during the tax |
| | year > | | , , | • |
| 4 | Number of states where property subject to conservation ea | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | | n, handling of | |
| | violations, and enforcement of the conservation easements i | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | |
| | • | , | Ü | Ç , |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enfo | rcing conservation ea | sements during the year |
| | > \$ | , | · · | g , |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements | of section 170(h)(4)(B | 3)(i) |
| | and section 170(h)(4)(B)(ii)? | • | | |
| 9 | In Part XIII, describe how the organization reports conservati | | | |
| | include, if applicable, the text of the footnote to the organizar | tion's financial statements t | hat describes the org | ganization's accounting for |
| | conservation easements. | | _ | Ç |
| Pa | rt III Organizations Maintaining Collections o | f Art, Historical Trea | sures, or Other S | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its | revenue statement ar | nd balance sheet works of art, |
| | historical treasures, or other similar assets held for public exl | hibition, education, or resea | rch in furtherance of | public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | ibes these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its reve | nue statement and b | alance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furt | herance of public ser | vice, provide the following amounts |
| | relating to these items: | | • | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ 606,825. |
| | | | | \$ 21,555,350. |
| 2 | If the organization received or held works of art, historical tre | | | |
| _ | the following amounts required to be reported under SFAS 1 | | - | • |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | Assets included in Form 990, Part X | | | S |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

| | | OF PITTSBURGH | | | | | | 2 | 25-09655 | 91 | Pa | age 2 |
|------|---------------------------------------------------|-----------------------|-------------|---------------|--------------|------------|----------|---------|------------|-------------------|---------|--------------|
| Pai | rt III Organizations Maintaining C | collections of A | rt, Histo | orical Tre | easures, | or Oth | er S | Simila | ar Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the | following th | at are a s | signit | icant i | use of its | collectio | n item | S |
| | (check all that apply): | | | | | | | | | | | |
| а | X Public exhibition | d | ı 🔲 L | oan or excl | hange progr | ams | | | | | | |
| b | X Scholarly research | е | | | | | | | | | | |
| С | X Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | ev further th | ne organizat | ion's exe | empt | purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | | |
| • | to be sold to raise funds rather than to be ma | | | | | | | | | Yes | Х | No |
| Pai | rt IV Escrow and Custodial Arran | | | | | | | | Part IV | | | 1110 |
| | reported an amount on Form 990, Pai | | | ga <u>-</u> a | | | | 000 | , , | | | |
| 1a | Is the organization an agent, trustee, custodi | | liary for c | ontribution | s or other a | ssets not | t incl | uded | | | | |
| ıu | on Form 990, Part X? | | | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | | | J 163 | | 1110 |
| D | ii res, explain the arrangement in Fart Alli | and complete the to | illowing ta | ible. | | | Г | | | Amount | | |
| _ | Decimales haloses | | | | | | ŀ | 4. | | Amount | | |
| | Beginning balance | | | | | | | 1c | | | | |
| a | Additions during the year | | | | | | ⊦ | 1d | | | | |
| e | Distributions during the year | | | | | | ⊦ | 1e | | | | |
| 1 | Ending balance | | | | | | [| 1f | | T., | | Τ |
| | Did the organization include an amount on Fo | | | | | | - | | | Yes | | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete i | | | | | | | | | | | |
| | | (a) Current year | | or year | (c) Two year | | <u> </u> | | ears back | ` ' | | |
| 1a | Beginning of year balance | 3,970,046,974. | | | | | | | 82,929. | | | |
| b | Contributions | 63,962,000. | | 727,000. | | - | | | 66,000. | | | 000. |
| С | Net investment earnings, gains, and losses | 342,945,000. | | 807,000. | | | | | 50,000. | | | 000. |
| d | Grants or scholarships | 16,440,322. | 15, | 963,945. | 15,12 | 1,076. | | 13,6 | 82,152. | 12 | ,523, | 742. |
| е | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | 119,653,141. | 94, | 405,682. | 89,56 | 5,299. | | 77,5 | 93,656. | 73 | ,337, | 472. |
| f | Administrative expenses | 14,530,865. | 12, | 574,901. | 12,48 | 5,658. | | 11,9 | 28,586. | 11, | ,014, | 584. |
| g | End of year balance | 4,226,329,646. | 3,970, | 046,974. | 3,546,45 | 7,502. | 3,6 | 510,3 | 94,535. | 3,514 | ,182, | 929. |
| 2 | Provide the estimated percentage of the curi | rent year end baland | e (line 1g | , column (a |)) held as: | | | | | | | |
| а | Board designated or quasi-endowment | 61.43 | % | | | | | | | | | |
| b | Permanent endowment > 37.95 | % | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | <u>.</u> 62 % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | ation that | are held a | nd administ | ered for t | the c | rganiz | ation | | | |
| | by: | · · | | | | | | Ü | | Γ | Yes | No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | Х | |
| | tens i i i i i i i i i i i i i i i i i i i | | | | | | | | | 3a(ii) | | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | | |
| | rt VI Land, Buildings, and Equipm | | WITHOUT TO | indo. | | | | | | | | |
| | Complete if the organization answere | |) Part IV | line 11a S | See Form 99 | ∩ Part X | line | 10 | | | | |
| | Description of property | (a) Cost or o | | (b) Cost | | | | nulate | <u></u> | (d) Bool | . valu | |
| | Description of property | basis (investr | | basis (| | | | iation | u | (u) 5001 | \ value | 5 |
| 4- | Land | ` | nont) | | ,848,684. | uc uc | ргсс | iation | | 63 | 818 | 684. |
| | Land | | | | - | 1 | 035 | 215 | 410 | | | |
| | Buildings | | | 3,247 | ,658,622. | <u> </u> | 333 | ,215, | 410. | 1,312 | ,443, | 212. |
| | Leasehold improvements | | | | 222 222 | ļ . | F.C.C | 005 | 070 | 21.6 | 205 | 0.44 |
| | Equipment | | - | | ,322,920. | | | ,995, | | | ,327, | |
| | Other | | | | ,369,534. | <u> </u> | 262 | ,859, | 412. | | ,510, | |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, columi | n (B), line 1 | 0c.) | | | | | 1,834 | | |
| | | | | | | | | | Schedule | D (Form | 990) | 2017 |

10070501 785294 PITT

| Part VII In | vestments - | Other | Securities. |
|-------------|-------------|-------|-------------|
|-------------|-------------|-------|-------------|

| i art viii investinents - Other Securities. | | |
|----------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) PRIVATE INVESTMENTS | 1,354,332,103. | END-OF-YEAR MARKET VALUE |
| (B) COMMINGLED INVESTMENTS IN PUBLIC SEC. | 1,197,518,484. | END-OF-YEAR MARKET VALUE |
| (C) INSURANCE CSV & INSURANCE SURPLUS | 1,987,581. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 2,553,838,168. | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Pook volue | (a) Method of valuation: Cost or and of year market value |

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | > | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | | (b) Book value |
|--------------------------------------------------------------------|---|----------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) | • | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|--------------------------------------------------------------|----------------|
| (1) | Federal income taxes | |
| (2) | REFUNDABLE US GOVERNMENT STUDENT LOANS | 34,372,881. |
| (3) | PRESENT VALUE OF SPLIT INTEREST AGREEMENTS | 12,912,957. |
| (4) | OTHER LIABILITIES | 2,657,800. |
| (5) | CONDITIONAL ASSET REMEDIATION OBLIGATION | 29,764,358. |
| (6) | INTEREST RATE SWAP AGREEMENTS | 56,788,833. |
| (7) | AMOUNTS HELD IN CUSTODY | 11,275,464. |
| (8) | LEASE CONSTRUCTION/CAPITAL LEASE OBLIGATION | 6,739,976. |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ | 154,512,269. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

| | le D (Form 990) 2017 UNIVERSITY OF PITTSBURGH | | | 25-096 | r ago . |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|-----------|---------------------|
| Part : | XI Reconciliation of Revenue per Audited Financial Staten | nents With | Revenue per P | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 T | otal revenue, gains, and other support per audited financial statements | | | 1 | 2,527,667,187. |
| 2 A | mounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a N | et unrealized gains (losses) on investments | 2a | 197,816,178. | | |
| b D | onated services and use of facilities | 2b | | | |
| | ecoveries of prior year grants | | | | |
| | ther (Describe in Part XIII.) | | 18,796,048. | | |
| | dd lines 2a through 2d | • | | 2e | 216,612,226. |
| 3 S | ubtract line 2e from line 1 | | | 3 | 2,311,054,961. |
| 4 A | mounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | 43,859,770. | | |
| | ther (Describe in Part XIII.) | | 192,747,581. | | |
| | dd lines 4a and 4b | | · · · | 4c | 236,607,351. |
| | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,547,662,312. |
| | XII Reconciliation of Expenses per Audited Financial State | | | _ | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | | | |
| 1 T | otal expenses and losses per audited financial statements | | | 1 | 2,145,942,467. |
| | mounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| | onated services and use of facilities | 2a | | | |
| | | | | - | |
| | rior year adjustments | | | - | |
| | ther losses | ···· — — | 18,796,048. | - | |
| | ther (Describe in Part XIII.) | | | 1 | 10 706 040 |
| | dd lines 2a through 2d | | | 2e | 18,796,048. |
| | ubtract line 2e from line 1 | | | 3 | 2,127,146,419. |
| | mounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| | vestment expenses not included on Form 990, Part VIII, line 7b | | 43,859,770. | | |
| b 0 | ther (Describe in Part XIII.) | 4b | 192,747,581. | | |
| | dd lines 4a and 4b | | | 4c | 236,607,351. |
| | otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 2,363,753,770. |
| Part | XIII Supplemental Information. | | | | |
| | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part Albard and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. | | | 4; Part > | ८, line 2; Part XI, |
| ART I | II, LINE 4: | | | | |
| HE UN | IVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OT | THER | | | |
| IMILA | R ASSETS INCLUDE A VARIETY OF PAINTINGS, SCULPTURES, PHOTOG | GRAPHS, | | | |
| NTIQU | UES, AND FURNISHINGS AS WELL AS SCHOLARLY PAPERS AND ARCHIVE | ES. THESE | | | |
| TEMS | ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS INCLUDING TH | HE FRICK | | | |
| INE A | RTS BUILDING, THE HILLMAN LIBRARY, AND THE NATIONALITY ROOM | MS. THE | | | |
| ORKS | OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS ARE | USED FOR | | | |
| | EXHIBITION AND THE PRESERVATION OF ARTIFACTS AND ANTIQUES | | | | |

Schedule D (Form 990) 2017

BENEFIT OF FUTURE GENERATIONS. THE SCHOLARLY PAPERS AND ARCHIVES ARE USED

FOR BOTH ACADEMIC RESEARCH AND THE PRESERVATION OF DOCUMENTS RELATED TO

KEY HISTORICAL FIGURES AND EVENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF COST OF SALES-AUX TO REVENUE 8,821,436.

RECLASS OF EXTERNAL TENANT RENTAL EXPS TO REVENUE 9,974,612.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 18,796,048.

Schedule D (Form 990) 2017

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Part I

Employer identification number
25-0965591

| | | | YES | NO |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | |
| | other governing instrument, or in a resolution of its governing body? | 1 | Х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Х | |
| ; | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | |
| | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes | | | |
| | the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. | | | |
| | If you need more space, use Part II | 3 | Х | |
| | THROUGH ELECTRONIC AND PRINT DISTRIBUTION AT THE BEGINNING OF | | | |
| | EACH ACADEMIC TERM. | | | |
| | | | | |
| | Does the organization maintain the following? | | | |
| а | 7, 7, | 4a | Х | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | |
| | admissions, programs, and scholarships? | 4c | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d | Х | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | Х |
| b | Admissions policies? | 5b | | Х |
| С | Employment of faculty or administrative staff? | 5с | | Х |
| d | Scholarships or other financial assistance? | 5d | | Х |
| | Educational policies? | 5e | | Х |
| f | Use of facilities? | 5f | | Х |
| | Athletic programs? | 5g | | Х |
| h | Other extracurricular activities? | 5h | | Х |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | Х |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | | | |
| | Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | Х | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes ____ No
- **2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| 3 Activities per Region. (T | he following Part | | an be duplicated if additional space is i | needed.) | _ |
|----------------------------------|-------------------|----------------------------|-------------------------------------------|-------------------------------|-------------------------|
| (a) Region | (b) Number of | | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total |
| | offices | employees, agents, and | (by type) (such as, fundraising, pro- | is a program service, | expenditures for and |
| | in the region | independent contractors | gram services, investments, grants to | | investments |
| | | in the region | recipients located in the region) | of service(s) in the region | in the region |
| | | | | PROGRAM SERVICES IN | |
| GENERAL AMERICA AND | | | | | |
| CENTRAL AMERICA AND | | | | RELATION TO EDUCATIONAL | 015 013 |
| THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 215,813. |
| | | | | PROGRAM SERVICES IN | |
| EAST ASIA AND THE | | | | RELATION TO EDUCATIONAL | |
| PACIFIC | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 3,476,776. |
| | | | | | , , , , , , , , , , , , |
| | | | | PROGRAM SERVICES IN | |
| | | | | RELATION TO EDUCATIONAL | |
| EUROPE | 1 | 2 | PROGRAM SERVICES. | PROGRAMS. | 11,513,185. |
| | | | | | |
| | | | | PROGRAM SERVICES IN | |
| MIDDLE EAST AND | | | | RELATION TO EDUCATIONAL | |
| NORTH AFRICA | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 329,763. |
| | | | | DROGRAM GERVIGEG IN | |
| | | | | PROGRAM SERVICES IN | |
| | _ | | | RELATION TO EDUCATIONAL | |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 2,062,616. |
| | | | | PROGRAM SERVICES IN | |
| RUSSIA AND | | | | RELATION TO EDUCATIONAL | |
| NEIGHBORING STATES | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 30,901. |
| MII GIIDGILING BIII II | | | I NOCIONI BENVICES. | - Nociumo, | 30,301. |
| | | | | PROGRAM SERVICES IN | |
| | | | | RELATION TO EDUCATIONAL | |
| SOUTH AMERICA | 1 | 3 | PROGRAM SERVICES. | PROGRAMS. | 714,224. |
| | | | | | , , |
| | | | | PROGRAM SERVICES IN | |
| | | | | RELATION TO EDUCATIONAL | |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES. | PROGRAMS. | 321,816. |
| 3 a Sub-total | 2 | 5 | | | 18,665,094. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 32,596,037 |
| c Totals (add lines 3a | | | | | |
| and 3b) | 2 | 5 | | | 51,261,131. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|-----------------------------------------------------|---------------------------------|--------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|------------------------------------------------------|
| | | | | | | | | |
| | | EAST ASIA AND THE PACIFIC | RESEARCH SUBCONTRACT. | 620,152. | WIRE/CHECK | 0. | | |
| | | | | | | | | |
| | | EUROPE | RESEARCH SUBCONTRACT. | 2,595,054. | WIRE/CHECK | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND NORTH AFRICA | RESEARCH SUBCONTRACT. | 203,034. | WIRE/CHECK | 0. | | |
| | | | | , | | | | |
| | | NORTH AMERICA | RESEARCH SUBCONTRACT. | 538,905. | WIRE/CHECK | 0. | | |
| | | | | | | | | |
| | | SOUTH ASIA | RESEARCH SUBCONTRACT. | 151,468. | WIRE/CHECK | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | RESEARCH SUBCONTRACT | 128,259. | WIRE/CHECK | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | recipient organization | ns listed above that are | recognized as charities by the | foreign country | recognized as tax-e | xempt | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt |
|---|----------------------------------------------------------------------------------------------------------------------------------------------|
| | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |

3 Enter total number of other organizations or entities

15

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash disbursement noncash assistance cash grant noncash assistance CENTRAL AMERICA 13,811.WIRE/CHECK RESEARCH SUBCONTRACT AND THE CARIBBEAN 3 0. SCHOLARSHIPS SOUTH AMERICA 15,566 TUITION REFUND 0.

Schedule F (Form 990) 2017 The Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | ☐ No |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | X Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | X Yes | □ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | X Yes | □ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | X Yes | ☐ No |

| Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2: |
| · · · · · · · · · · · · · · · · · · · |
| THE INITIAL DETERMINATION OF ELIGIBILITY AND APPROPRIATENESS OF THE |
| ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT |
| AND THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY |
| USUALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF |
| WORK. DOCUMENTATION IS OBTAINED FROM THE ENTITY WHICH IS REVIEWED. UPON |
| SUBMISSION, THE OFFICE OF RESEARCH LOOKS FOR THIS DOCUMENTATION SO THAT |
| IT MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS |
| FUNDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT |
| TERMS INCLUDE PROVISIONS FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS |
| INVOICING. |
| |
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| |

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** 25-0965591 UNIVERSITY OF PITTSBURGH Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) DAVINCI DIRECT, INC. - 36 DIRECT MAIL SOLICITATION & Yes No CORDAGE PARK CIRCLE SUITE CONSULTING Х 216,132 126,042 90,090. PURSUANT - 5151 BELT LINE ROAD SUITE 900, DALLAS, TX CONSULTING-SEE PART IV Х 0 119,900 -119,900. RUFFALO NOEL LEVITZ - 65 KIRKWOOD NO RD SW, CEDAR CONSULTING-SEE PART IV Х 0 88,635 -88,635. 216 132 334 577 -118 445 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AR, CO, CT, FL, GA, IN, KS, KY, MD, MI, MN, MS, NJ, NH, NM, NC, ND, OH, OK, PA, RI, SC, TN UT, VA, WV, HI, CA, DC, IL, LA, MA, ME, MO, NV, OR, WA, WI

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

| | | le G (Form 990 or 990-EZ) 2017 UNIVERSITY | | | | 965591 Page 2 |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Pa | ırt I | | - | | The state of the s | |
| | | of fundraising event contributions and g | | | | ots greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | 1 | GTHMG HILLMAN | 25 | (add col. (a) through |
| | | | DINNER | CANCER CENTER GALA | 25 | col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | | | | | | |
| Re | 1 | Gross receipts | 382,431. | 204,000. | 774,985. | 1,361,416. |
| | | | | 450 000 | 604 704 | 4 000 400 |
| | 2 | Less: Contributions | 292,641. | 179,000. | 621,781. | 1,093,422. |
| | | 0 | 00.700 | 25 000 | 152 204 | 267 004 |
| | 3 | Gross income (line 1 minus line 2) | 89,790. | 25,000. | 153,204. | 267,994. |
| | | | | | 200 | 200 |
| | 4 | Cash prizes | | | 200. | 200. |
| | _ | Niananah ménan | | | 2 016 | 2 016 |
| δί | 5 | Noncash prizes | | | 2,016. | 2,016. |
| nse | | Dont/facility costs | 10,941. | | 133,277. | 144,218. |
| xbe | 6 | Rent/facility costs | 10,341. | | 155,277. | 144,210. |
| Direct Expenses | 7 | Food and beverages | 92,268. | 25,000. | 228,449. | 345,717. |
|)irec | ′ | rood and beverages | 32,200. | 23,000. | 220, 113. | 343,717. |
| | 8 | Entertainment | 1,000. | | 7,160. | 8,160. |
| | 9 | Other direct expenses | | | 101,302. | 231,762. |
| | 10 | | | | | 732,073. |
| | | Net income summary. Subtract line 10 from | | | | -464,079. |
| Pa | rt | III Gaming. Complete if the organization | answered "Yes" on Forn | n 990. Part IV. line 19. or r | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | , , , | • | |
| | | | | | | |
| | | \$15,000 0111 01111 930-L2, line 0a. | () D: | (b) Pull tabs/instant | () () () | (d) Total gaming (add |
| une | | \$13,000 0111 01111 990-LZ, line oa. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| evenue | | \$13,000 0111 01111 990-LZ, line oa. | (a) Bingo | | (c) Other gaming | |
| Revenue | 1 | | (a) Bingo | | (c) Other gaming | |
| Revenue | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| _ | | Gross revenue | (a) Bingo | | (c) Other gaming | |
| _ | | | (a) Bingo | | (c) Other gaming | |
| _ | 2 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| t Expenses | 2 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| t Expenses | 2 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| Expenses | 2 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| t Expenses | 2 | Gross revenue | | bingo/progressive bingo | | |
| t Expenses | 2 3 4 5 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| t Expenses | 2 3 4 5 | Gross revenue | | bingo/progressive bingo | | |
| t Expenses | 2 3 4 5 | Gross revenue | Yes% | bingo/progressive bingo Yes% | | |
| t Expenses | 2 3 4 5 | Gross revenue | Yes% | bingo/progressive bingo Yes% | | |
| t Expenses | 2 3 4 5 6 7 | Gross revenue | Yes% No h 5 in column (d) | bingo/progressive bingo Yes% No | Yes% No | |
| t Expenses | 2 3 4 5 | Gross revenue | Yes% No h 5 in column (d) | bingo/progressive bingo Yes% No | Yes% No | |
| Direct Expenses | 2 3 4 5 6 7 8 | Gross revenue | Yes% No h 5 in column (d) | bingo/progressive bingo Yes% No | Yes% No | |
| 6 Direct Expenses | 2 3 4 5 6 7 8 Entire | Gross revenue | Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: | bingo/progressive bingo Yes% No | Yes% No | col. (a) through col. (c) |
| b c Direct Expenses | 2 3 4 5 6 7 8 Entilist | Gross revenue | Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | yes% No | Yes% No | col. (a) through col. (c) |
| b c Direct Expenses | 2 3 4 5 6 7 8 Entilist | Gross revenue | Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | yes% No | Yes% No | col. (a) through col. (c) |
| b c Direct Expenses | 2 3 4 5 6 7 8 Entilist | Gross revenue | Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | yes% No | Yes% No | col. (a) through col. (c) |
| Direct Expenses | 2 3 4 5 6 7 8 Entited in the state of the st | Gross revenue | Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | bingo/progressive bingo Yes% No states? | Yes% No | col. (a) through col. (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 End Is 11 " We | Gross revenue | Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to | bingo/progressive bingo Yes % No states? | Yes% No | col. (a) through col. (c)) |

Schedule G (Form 990 or 990-EZ) 2017

| Sch | ledule G (Form 990 or 990-EZ) 2017 UNIVERSITY OF PITTSBURGH 25-096 |)22AT | | Page 3 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|---------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Y | 'es | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | Y | 'es | No No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | 13a | | % |
| | An outside facility | - | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Y | 'es | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| Ī | retain the state gaming license? | | 'es | ☐ No |
| h | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | • | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); an | ines 0 0 | h 10 | h 15h |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | 1100 0, 0 | ,,,,,, | Б, ТОБ, |
| פרוו | IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | | | |
| 5011 | EDULE G, TAKT I, BINE 25, BIST OF TEN HIGHEST TAID FONDMAISENS. | | | |
| | | | | |
| <u>(I)</u> | NAME OF FUNDRAISER: DAVINCI DIRECT, INC. | | | |
| <u>(I)</u> | ADDRESS OF FUNDRAISER: | | | |
| 36 | CORDAGE PARK CIRCLE SUITE 339, PLYMOUTH, MA 02360 | | | |
| | | | | |
| (I) | NAME OF FUNDRAISER: PURSUANT | | | |
| (I) | ADDRESS OF FUNDRAISER: 5151 BELT LINE ROAD SUITE 900, DALLAS, TX 75254 | | | |
| | | | | |

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2017**

Open to Public Inspection

Employer identification number

| UNIVERSITY OF | PITTSBURGH | | | | | | | 25-0965591 |
|----------------------------------------------------------------------------|---------------------|------------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------|---------------------------------|
| Part I General Information on Grants a | ınd Assistance | | | | | | | |
| Does the organization maintain records | to substantiate th | e amount of the grant | s or assistance, the | grantees' eligibilit | y for the grants or ass | istance, and the selec | tion | |
| criteria used to award the grants or assi | stance? | | | | | | [| X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for mon | itoring the use of gran | t funds in the United | d States. | | | | |
| Part II Grants and Other Assistance to | Domestic Organ | izations and Domest | tic Governments. C | omplete if the org | anization answered "Y | es" on Form 990, Part | IV, line 21, f | or any |
| recipient that received more than | \$5,000. Part II ca | n be duplicated if addi | itional space is need | led. | | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | | urpose of grant r assistance |
| CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213 | 25-0969449 | 501(C)(3) | 8,067,431. | 0. | | | RESEARCH- | SUBCONTRACT |
| HEALTH RESEARCH INC EMPIRE STATE PLAZA PO BOX 509 ALBANY, NY 12201 | 14-1402155 | 501(C)(3) | 4,213,691. | 0. | | | RESEARCH- | SUBCONTRACT |
| JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218 | 52-0595110 | 501(C)(3) | 3,803,588. | 0. | | | RESEARCH- | SUBCONTRACT |
| AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DR RESTON, VA 20191 | 36-2261602 | 501(C)(3) | 3,633,693. | 0. | | | RESEARCH- | SUBCONTRACT |
| INCUBE LABS, LLC 2051 RINGWOOD AVE SAN JOSE, CA 95131 | 20-8527547 | n/A | 3,350,009. | 0. | | | RESEARCH- | SUBCONTRACT |
| HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 2,679,348. | 0. | | | RESEARCH- | SUBCONTRACT |
| 2 Enter total number of section 501(c)(3) a | and government o | rganizations listed in t | he line 1 table | | | | | 314 |
| 3 Enter total number of other organization | | | | | | | | 36 |
| 111A For Denominaria Reduction Act Notice | | | | | | | | la I (Farm 000) (2017 |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST 10TH FL - OAKLAND, CA 94607 94-3067788 501(C)(3) 2,428,618 0 RESEARCH- SUBCONTRACT REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSITY AVE SE - MINNEAPOLIS, MN 55414 41-6007513 0 RESEARCH- SUBCONTRACT 2,083,584 UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE, WA 98195 91-6001537 115 1,655,315 0 RESEARCH- SUBCONTRACT MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST 04-1564655 501(C)(3) 0 RESEARCH- SUBCONTRACT BOSTON, MA 02114 1,585,123, BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 700 REGENT 0 RESEARCH- SUBCONTRACT ST, STE 301 - MADISON, WI 53715 39-6006492 115 1,559,195, WEST VIRGINIA UNIVERSITY RESEARCH CORP - PO BOX 6005 - MORGANTOWN 55-0665758 501(C)(3) RESEARCH- SUBCONTRACT WV 26506 1,417,335. 0 CONSORTIUM FOR PUBLIC EDUCATION 410 9TH ST MCKEESPORT, PA 15132 25-1533592 501(C)(3) 1,409,133. 0 RESEARCH- SUBCONTRACT VANDERBILT UNIVERSITY VU STATION B BOX 356310 NASHVILLE, TN 37235 62-0476822 501(C)(3) 1,360,370. 0 RESEARCH- SUBCONTRACT OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD -COLUMBUS, OH 43210 31-6401599 501(C)(3) 1,267,530, 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P221 FRANKLIN 3451 WALNUT ST - PHILADELPHIA, PA 19104-6205 23-1352685 501(C)(3) 1,216,147 0 RESEARCH- SUBCONTRACT REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE ST - ANN ARBOR, MI 48109 38-6006309 501(C)(3) 1,200,070 0 RESEARCH- SUBCONTRACT PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 24-6000376 115 1,156,048 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203-6248 52-6002033 1115 1,025,581 0 RESEARCH- SUBCONTRACT UNIVERSITY OF COLORADO 1800 N GRANT ST 84-6000555 501(C)(3) 0 RESEARCH- SUBCONTRACT DENVER, CO 80203 1,022,280, WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH WEST CAMPUS CLAYTON, MO 63105 43-0653611 501(C)(3) 0 RESEARCH- SUBCONTRACT 1,001,577 COMMUNITY HUMAN SERVICES CORP 374 LAWN ST PITTSBURGH, PA 15213 25-1219610 501(C)(3) 905 884 0 RESEARCH- SUBCONTRACT CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON, MA 02115 04-2774441 501(C)(3) 877,533. 0 RESEARCH- SUBCONTRACT TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE, MA 02144 04-2103634 501(C)(3) 840,149, 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996 62-6001636 115 818,969 0 RESEARCH- SUBCONTRACT ARIZONA STATE UNIVERSITY BOX 873503 TEMPE, AZ 85287 86-0196696 814,559 0 RESEARCH- SUBCONTRACT UNIVERSITY OF UTAH 540 ARAPEEN DR. STE 250 SALT LAKE CITY, UT 84108 87-6000525 501(C)(3) 813,290 0 RESEARCH- SUBCONTRACT OHIO STATE UNIVERSITY 154 WEST 12TH AVE COLUMBUS, OH 43210 31-6025986 501(C)(3) 806,771 0 RESEARCH- SUBCONTRACT TEMPLE UNIVERSITY 1805 NORTH BROAD ST 23-1365971 501(C)(3) PHILADELPHIA, PA 19122 0 RESEARCH- SUBCONTRACT 799,811. STANFORD UNIVERSITY 3145 PORTER DR PALO ALTO, CA 94304 94-1156365 501(C)(3) 0 RESEARCH- SUBCONTRACT 788,278, UNIVERSITY OF ILLINOIS 506 S WRIGHT ST URBANA, IL 61801 37-6000511 501(C)(3) 787,653, 0 RESEARCH- SUBCONTRACT IHC HEALTH SERVICES INC 36 S STATE ST STE 2200 SALT LAKE CITY, UT 84111 94-2854057 501(C)(3) 786,772. 0 RESEARCH- SUBCONTRACT CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106 34-1018992 501(C)(3) 761,428. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208 36-2167817 501(C)(3) 752,002 0 RESEARCH- SUBCONTRACT UNIVERSITY OF SOUTHERN CALIFORNIA 837 W. DOWNEY WAY RM 315 LOS ANGELES, CA 90089 95-1642394 501(C)(3) 739,962 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR -CHAPEL HILL, NC 27599 56-6001393 501(C)(3) 727,072 0 RESEARCH- SUBCONTRACT MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD ST -PITTSBURGH, PA 15213 25-1462312 501(C)(3) 0 RESEARCH- SUBCONTRACT 693,060, ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH ST - NEW 501(C)(3) 0 RESEARCH- SUBCONTRACT YORK, NY 10033 23-7075620 692,124. YALE UNIVERSITY 47 COLLEGE ST STE 203 NEW HAVEN, CT 06520 0 RESEARCH- SUBCONTRACT 06-0646973 501(C)(3) 618,880, NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115 04-1679980 501(C)(3) 601 900 0 RESEARCH- SUBCONTRACT VETERANS RESEARCH FOUNDATION OF PITTSBURGH - 7180 HIGHLAND DR -PITTSBURGH, PA 15206 25-1666090 501(C)(3) 592,058, 0 RESEARCH- SUBCONTRACT GENEVA FOUNDATION 917 PACIFIC AVE STE 600 TACOMA, WA 98402 91-1593913 501(C)(3) 583 021 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 220 MONTGOMERY ST. 5TH FL - SAN FRANCISCO, CA 94104 94-6036493 501(C)(3) 579,737 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ARIZONA PO BOX 3607 TUCSON, AZ 85722-3607 74-2652689 115 570,065 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390 75-6002868 115 555,817 0 RESEARCH- SUBCONTRACT VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEHIGH ST RICHMOND, VA 23219 54-6001758 0 RESEARCH- SUBCONTRACT 1115 539,325, SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD 33-0435954 501(C)(3) 0 RESEARCH- SUBCONTRACT LA JOLLA, CA 92037 531,355, UNIVERSITY OF VIRGINIA BOX 4001953 CHARLOTTESVILLE, VA 22904 54-6001786 115 0 RESEARCH- SUBCONTRACT 528,750, MEDICAL UNIVERSITY OF SOUTH CAROLINA - 17 ASHLEY AVE -CHARLESTON, SC 29403 57-6007222 115 526,595. 0 RESEARCH- SUBCONTRACT UGA RESEARCH FOUNDATION INC 424 BROAD ST ATHENS, GA 30602 58-6001998 115 517,158. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST BOSTON, MA 02110 04-3167352 115 508,865, 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) CHILDRENS RESEARCH INSTITUTE 700 CHILDREN'S DR COLUMBUS, OH 43205 31-4379441 501 (C) (3) 490,104 0 RESEARCH- SUBCONTRACT DUKE UNIVERSITY 324 BLACKWELL ST DURHAM, NC 27708 56-0532129 501(C)(3) 483,697 0 RESEARCH- SUBCONTRACT UNIVERSITY OF IOWA 201 GILMORE HALL IOWA CITY, IA 52242 42-6004813 115 476,478 0 RESEARCH- SUBCONTRACT MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 473,991 0 RESEARCH- SUBCONTRACT FOCUS ON RENEWAL 701 CHARTIERS AVE MCKEES ROCKS, PA 15136 23-7181440 501(C)(3) 0 RESEARCH- SUBCONTRACT 470,099 TURTLE CREEK VALLEY MH/MR INC 723 BRADDOCK AVE BRADDOCK, PA 15104 25-1250510 501(C)(3) 0 RESEARCH- SUBCONTRACT 454,783, BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NO T100 HOUSTON, TX 77030 74-1613878 501(C)(3) 450,430 0 RESEARCH- SUBCONTRACT UNIVERSITY OF FLORIDA PO BOX 115500 GAINESVILLE, FL 32611 59-6002052 115 447,292. 0 RESEARCH- SUBCONTRACT BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3314093 501(C)(3) 437,279 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PL NEW YORK, NY 10029 13-6171197 501(C)(3) 423,108 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198 47-0771713 501(C)(3) 411,085 0 RESEARCH- SUBCONTRACT INOVA HEALTH CARE SERVICES 2832 JUNIPER ST STE 104 FAIRFAX, VA 22031 54-0620889 501(C)(3) 404,382 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229 74-1586031 115 0 RESEARCH- SUBCONTRACT 382,526, BROWN UNIVERSITY 164 ANGELL ST 05-0258809 0 RESEARCH- SUBCONTRACT PROVIDENCE, RI 02912 501(C)(3) 380,414. NYU SCHOOL OF MEDICINE PO BOX 415026 13-5562309 BOSTON, MA 02241 501(C)(3) 0 RESEARCH- SUBCONTRACT 371,588, RIPPLE LLC 2056 SOUTH 100 EAST SALT LAKE CITY, UT 84106 20-0944755 N/A 367,333. 0 RESEARCH- SUBCONTRACT TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - BOX 41023 -LUBBOCK, TX 79409-1023 75-6002622 115 365,041, 0 RESEARCH- SUBCONTRACT BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS ST BOSTON, MA 02115 04-2312909 501(C)(3) 363,364. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF DELAWARE 83 E. MAIN ST, 3RD FL NEWARK, DE 19716 51-6000297 501(C)(3) 361,483 0 RESEARCH- SUBCONTRACT GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030 54-0836354 360,577 0 RESEARCH- SUBCONTRACT NEW SCHOOL 79 FIFTH AVE, 16TH FL NEW YORK, NY 10003 13-3297197 501(C)(3) 306,279 0 RESEARCH- SUBCONTRACT HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT ST STE 801 PHILADELPHIA, PA 19107 23-2244355 501(C)(3) 0 RESEARCH- SUBCONTRACT 301,580, CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE 31-0833936 501(C)(3) CINCINNATI, OH 45229 0 RESEARCH- SUBCONTRACT 301,315, EWALD & WASSERMAN RESEARCH CONSULTANTS - 27 MAIDEN LN STE 500 - SAN FRANCISCO, CA 94108 26-2790985 N/A 0 RESEARCH- SUBCONTRACT 300,000. VANDERBILT UNIVERSITY MEDICAL CENTER - 2525 WEST END AVE STE 450 - NASHVILLE TN 37203 35-2528741 501(C)(3) 298,538, 0 RESEARCH- SUBCONTRACT RUTGERS. THE STATE UNIVERSITY OF NEW JERSEY - 65 DAVIDSON RD- RM 317 - PISCATAWAY, NJ 08854 22-6001086 501(C)(3) 289,243, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF KANSAS RESEARCH INSTITUTE - MAILSTOP 1039 - KANSAS CITY, KS 66160 48-1108830 501(C)(3) 287,784. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) TRUSTEES OF PRINCETON UNIVERSITY WASHINGTON ROAD PRINCETON, NJ 08544 21-0634501 501(C)(3) 279.894 0 RESEARCH- SUBCONTRACT DANA-FARBER CANCER INSTITUTE 44 BINNER ST STE BP600 BOSTON, MA 02115 04-2263040 501(C)(3) 267,444 0 RESEARCH- SUBCONTRACT COLUMBIA UNIVERSITY 615 WEST 131ST ST NEW YORK, NY 10027 13-5598093 501(C)(3) 254,229 0 RESEARCH- SUBCONTRACT DREXEL UNIVERSITY 3201 ARCH ST NO. 420 PHILADELPHIA, PA 19104-2875 23-1352630 501(C)(3) 252,591 0 RESEARCH- SUBCONTRACT CHRISTIANA CARE HEALTH SERVICES PO BOX 2653 51-0103684 501(C)(3) 0 RESEARCH- SUBCONTRACT WILMINGTON, DE 19805 249,653, EMORY UNIVERSITY 201 DOWAN DR ATLANTA, GA 30322 58-0566256 501(C)(3) 0 RESEARCH- SUBCONTRACT 249,134, UNIVERSITY OF VERMONT 850 SO PROSPECT ST RM 333 BURLINGTON, VT 05405 03-0179440 115 235 078 0 RESEARCH- SUBCONTRACT RAND CORPORATION 1776 MAIN ST 95-1958142 N/A SANTA MONICA, CA 90407 235,041, 0 RESEARCH- SUBCONTRACT HOWARD UNIVERSITY 576 W ST NW WASHINGTON, DC 20059 53-0204707 501(C)(3) 234,091, 0 RESEARCH- SUBCONTRACT

Page 1

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF TEXAS-MD ANDERSON CANCER CENTER - PO BOX 4930 -HOUSTON, TX 77210-4390 74-6001118 115 232,223 0 RESEARCH- SUBCONTRACT COPD FOUNDATION, INC. 3300 PONCE DE LEON BLVD MIAMI, FL 33134 20-1048322 501 (C) (3) 226,138 0 RESEARCH- SUBCONTRACT SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145 91-0564748 501(C)(3) 225,295 0 RESEARCH- SUBCONTRACT ANN & ROBERT H LURIE CHILDREN'S HOSPITAL - 225 EAST CHICAGO AVE BOX #205 - CHICAGO, IL 60611 36-2170833 501(C)(3) 221,776. 0 RESEARCH- SUBCONTRACT KENTUCKY PEDIATRIC/ADULT RESEARCH 201 SOUTH 5TH ST 0 RESEARCH- SUBCONTRACT BARDSTOWN, KY 40004 61-1206931 N/A 221,751, METIS FOUNDATION 300 CONVENT ST STE 1330 SAN ANTONIO, TX 78205 47-2219464 501(C)(3) 0 RESEARCH- SUBCONTRACT 210,590, TULANE UNIVERSITY 6823 ST CHARLES AVE NEW ORLEANS, LA 70118 72-0423889 501(C)(3) 207 029 0 RESEARCH- SUBCONTRACT OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW SALMON ST 23-7083114 501(C)(3) PORTLAND, OR 97205 204,474. 0 RESEARCH- SUBCONTRACT SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037-1099 95-2160097 501(C)(3) 202,538, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NEW YORK UNIVERSITY 726 BROADWAY- 9TH FL NEW YORK, NY 10003 13-5562308 501(C)(3) 196,385 0 RESEARCH- SUBCONTRACT FLORIDA INTERNATIONAL UNIVERSITY GREEN LIBRARY RM 273 MIAMI, FL 33199 65-0177616 115 192,851 0 RESEARCH- SUBCONTRACT BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE SOUTH -BIRMINGHAM, AL 35294 63-6005396 501(C)(3) 189,568 0 RESEARCH- SUBCONTRACT HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC - 707 N BROADWAY - BALTIMORE, MD 21205 52-1524967 501(C)(3) 189,027 0 RESEARCH- SUBCONTRACT REHABILITATION INSTITUTE OF CHICAGO - 345 E SUPERIOR ST -36-2256036 501(C)(3) 0 RESEARCH- SUBCONTRACT CHICAGO, IL 60611 186,377. UNIVERSITY OF MISSOURI COLUMBIA 15 JESSE HALL COLUMBIA, MO 65211 43-6003859 0 RESEARCH- SUBCONTRACT 115 184,095. GEISINGER CLINIC N ACADEMY AVE DANVILLE, PA 17822 23-6291113 501(C)(3) 178,789 0 RESEARCH- SUBCONTRACT INDIANA UNIVERSITY 400 E 7TH ST RM 501 BLOOMINGTON, IN 47405 35-6001673 115 176,346, 0 RESEARCH- SUBCONTRACT KESSLER FOUNDATION 300 EXECUTIVE DR STE 150 WEST ORANGE, NJ 07052 31-1562134 501(C)(3) 174,272. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) ST JOSEPH'S HOSPITAL AND MEDICAL CENTER - 350 W THOMAS RD -PHOENIX, AZ 85013 72-1561134 501(C)(3) 172,271 0 RESEARCH- SUBCONTRACT WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD -WINSTON-SALEM, NC 27157 22-3849199 501(C)(3) 167,869 0 RESEARCH- SUBCONTRACT BANNER ALZHEIMER'S INSTITUTE 901 N CENTRAL AVE STE 160 PHOENIX, AZ 85012 45-0233470 501(C)(3) 166,442 0 RESEARCH- SUBCONTRACT CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104 23-1352166 501(C)(3) 0 RESEARCH- SUBCONTRACT 164,314. SCHELL GAMES LLC 220 WEST STATION SOUARE DR STE 200 PITTSBURGH, PA 15219 0 RESEARCH- SUBCONTRACT 84-1616744 N/A 161,000. ACTION WELLNESS 1216 ARCH ST SIXTH FL 23-2446355 501(C)(3) PHILADELPHIA, PA 19107 0 RESEARCH- SUBCONTRACT 156,240, BIOOUEST CURRICULUM CONSORTIUM PO BOX 45032 MADISON WI 53744 45-3644991 501(C)(3) 156,078, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7458 AUSTIN, TX 78713-7458 74-6000203 115 153,256. 0 RESEARCH- SUBCONTRACT RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN RM 150 CHICAGO, IL 60612 36-2174823 501(C)(3) 145,823, 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) DUOUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVE -PITTSBURGH, PA 15219 25-1035663 501(C)(3) 144,287 0 RESEARCH- SUBCONTRACT UNIVERSITY OF PUERTO RICO PO BOX 365067 SAN JUAN, PR 00936 66-0433762 115 142,477 0 RESEARCH- SUBCONTRACT NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206 74-2044647 501(C)(3) 137,650 0 RESEARCH- SUBCONTRACT RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST ST 7TH FL - NEW YORK, NY 13-1988190 501(C)(3) 136,812. 0 RESEARCH- SUBCONTRACT 10036 UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131 85-6000642 0 RESEARCH- SUBCONTRACT 115 136,003, PSYCHOLOGY SOFTWARE TOOLS INC 2050 ARDMORE BLVD STE 200 PITTSBURGH, PA 15221 25-1551170 0 RESEARCH- SUBCONTRACT N/A 135,571 UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 520 STEVENSON HALL -LOUISVILLE, KY 40292 61-1029626 501(C)(3) 132,955. 0 RESEARCH- SUBCONTRACT PALO ALTO VETERANS INSTITUTE FOR RESEARCH - 3801 MIRANDA AVE - PALO ALTO, CA 94304 77-0207331 501(C)(3) 129,419. 0 RESEARCH- SUBCONTRACT WEST VIRGINIA UNIVERSITY PO BOX 6005 MORGANTOWN, WV 26506 55-6000842 129,261 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107 23-1352651 501(C)(3) 124,122 0 RESEARCH- SUBCONTRACT GIANT EAGLE INC 101 KAPPA DR PITTSBURGH, PA 15238 25-0698270 N/A 122,935 0 RESEARCH- SUBCONTRACT FAMILY HEALTH INTERNATIONAL 359 BLACKWELL ST DURHAM, NC 27701 23-7413005 501(C)(3) 121,401 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CHICAGO 6054 S DREXEL AVE NO 300 CHICAGO, IL 60637 36-2177139 501(C)(3) 120,387 0 RESEARCH- SUBCONTRACT GE GLOBAL RESEARCH 500 1ST AVE PITTSBURGH, PA 15219 14-0689340 0 RESEARCH- SUBCONTRACT N/A 119,627, DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755 02-0222111 501(C)(3) 0 RESEARCH- SUBCONTRACT 118,241 OREGON RESEARCH INSTITUTE 1776 MILLRACE DR EUGENE OR 97403 93-0495655 501(C)(3) 117,179, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM -LITTLE ROCK, AR 72205 71-6046242 115 114,085 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 0 RESEARCH- SUBCONTRACT 110,152.

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102 01-0238552 501(C)(3) 109,518 0 RESEARCH- SUBCONTRACT WAYNE STATE UNIVERSITY 5700 CASS AVE DETROIT, MI 48202 38-3555142 501(C)(3) 109,449 0 RESEARCH- SUBCONTRACT GEORGETOWN UNIVERSITY 37TH O ST NW STE 400 WASHINGTON, DC 20057 53-0196603 501(C)(3) 107,997 0 RESEARCH- SUBCONTRACT NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST MINNEAPOLIS, MN 55401 84-0865803 501(C)(3) 104,017 0 RESEARCH- SUBCONTRACT ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD 43-0654872 501(C)(3) 0 RESEARCH- SUBCONTRACT ST LOUIS, MO 63103 103,960, UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506 61-6033693 501(C)(3) 0 RESEARCH- SUBCONTRACT 103,193, UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - OFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 - HOUSTON, TX 77210-4786 74-6000949 115 102 674. 0 RESEARCH- SUBCONTRACT FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109 23-7156071 501(C)(3) 102,514. 0 RESEARCH- SUBCONTRACT THE J DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158 23-7203666 501(C)(3) 101,329, 0 RESEARCH- SUBCONTRACT

Page 1

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUT AVE | | | | | | | | |
| NW STE 200 - WASHINGTON, DC 20036 | 46-3039129 | 501(C)(3) | 100,144. | 0. | | | RESEARCH- SUBCONTRACT | |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE | | | | | | | | |
| NE 49-3131 - CAMBRIDGE, MA 02139 | 04-2103594 | 501(C)(3) | 95,473. | 0. | | | RESEARCH- SUBCONTRACT | |
| VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE | | | | | | | | |
| GRAND RAPIDS, MI 49503 | 52-2000823 | 501(C)(3) | 95,162. | 0. | | | RESEARCH- SUBCONTRACT | |
| JACKSON LABORATORY PO BOX 254 | | | | | | | | |
| BAR HARBOR, ME 04609 | 01-0211513 | 501(C)(3) | 94,591. | 0. | | | RESEARCH- SUBCONTRACT | |
| CORNELL UNIVERSITY 341 PINE ST | | | | | | | | |
| ITHACA, NY 14850 | 15-0532082 | 501(C)(3) | 94,393. | 0. | | | RESEARCH- SUBCONTRACT | |
| MICRO-LEADS, INC. 8 ST MARY'S ST | | | | | | | | |
| BOSTON, MA 02215 | 47-1785621 | N/A | 91,640. | 0. | | | RESEARCH- SUBCONTRACT | |
| MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG. | | | | | | | | |
| EAST LANSING, MI 48824 | 38-6005984 | 501(C)(3) | 90,469. | 0. | | | RESEARCH- SUBCONTRACT | |
| URBAN LEAGUE OF GREATER PITTSBURGH | | | | | | | | |
| PITTSBURGH, PA 15222 | 25-0965592 | 501(C)(3) | 89,839. | 0. | | | RESEARCH- SUBCONTRACT | |
| ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DR - | | | | | | | | |
| ANCHORAGE, AK 99508 | 92-0162721 | 501(C)(3) | 89,701. | 0. | | | RESEARCH- SUBCONTRACT | |

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) CHILDHOOD ARTHRITIS AND RHEUMATOLOGY ALLIANCE - 555 E WELLS ST STE 1100 - MILWAUKEE, WI 53232 46-4152355 501(C)(3) 88,722 0 RESEARCH- SUBCONTRACT WOODS HOLE OCEANOGRAPHIC INSTITUTION - 569 WOODS HOLE RD -WOODS HOLE, MA 02543 04-2105850 501(C)(3) 85,039 0 RESEARCH- SUBCONTRACT FENWAY COMMUNITY HEALTH CENTER INC 1340 BOYLSTON ST BOSTON, MA 02215 04-2510564 501(C)(3) 84,423 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NEVADA, RENO 2601 ENTERPRISE RD RENO, NV 89512 88-6000024 1115 84,304 0 RESEARCH- SUBCONTRACT IRETA 425 SIXTH AVE PITTSBURGH, PA 15219 501(C)(3) 0 RESEARCH- SUBCONTRACT 25-1857820 82,264, ABOLITIONIST LAW CENTER PO BOX 8654 PITTSBURGH, PA 15221 46-2132412 501(C)(3) 0 RESEARCH- SUBCONTRACT 80,680 BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700 BOSTON, MA 02215 04-2103547 501(C)(3) 79,271, 0 RESEARCH- SUBCONTRACT AUGUSTA UNIVERSITY 1120 15TH ST AUGUSTA, GA 30912 58-6002053 115 78,949. 0 RESEARCH- SUBCONTRACT BETH ISRAEL DEACONESS MEDICAL CENTER - 300 BROOKLINE AVE -BOSTON, MA 02215 04-2103881 501(C)(3) 77,348. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UPMC SENIOR COMMUNITIES INC 600 GRANT ST FL 58 PITTSBURGH, PA 15219 25-1574736 501(C)(3) 75,491 0 RESEARCH- SUBCONTRACT PPD DEVELOPMENT LP 26361 NETWORK PLACE CHICAGO, IL 60693-1263 74-2325267 0 RESEARCH- SUBCONTRACT N/A 75,181 THE WISTAR INSTITUTE OF ANATOMY & BIOLOGY - 3601 SPRUCE ST -PHILADELPHIA, PA 19104 23-6434390 501(C)(3) 75,000 0 RESEARCH- SUBCONTRACT KAISER FOUNDATION HOSPITALS CENTER FOR HEALTH RESEARCH - ONE KAISER PLAZA - OAKLAND, CA 94612 94-1105628 501(C)(3) 73,110, 0 RESEARCH- SUBCONTRACT LOS ALAMOS NATIONAL LABORATORY PO BOX 1663, MAIL STOP P245 LOS ALAMOS, NM 87545 0 RESEARCH- SUBCONTRACT 85-6004458 N/A 72,507. UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT. UNIT 1133 STORRS, CT 06269 06-0772160 RESEARCH- SUBCONTRACT 115 68,175. 0 ROSALIND FRANKLIN UNIVERSITY OF MEDICINE & SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064 36-2181973 501(C)(3) 67,376. 0 RESEARCH- SUBCONTRACT MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD 39-0806261 501(C)(3) MILWAUKEE, WI 53226 66,745. 0 RESEARCH- SUBCONTRACT AMERICAN LUNG ASSOCIATION 3001 OLD GETTYSBURG RD CAMP HILL, PA 17011 25-1825116 501(C)(3) 66,240. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) MGH INSTITUTE OF HEALTH PROFESSIONS, INC. - 36 FIRST AVE BOSTON, MA 02129 04-2868893 501(C)(3) 63,482 0 RESEARCH- SUBCONTRACT MARICOPA INTEGRATED HEALTH SYSTEMS 2619 PIERCE ST PHOENIX, AZ 85008 86-0830701 N/A 0 RESEARCH- SUBCONTRACT 62,461 UNIVERSITY OF LOUISVILLE 2301 S 3RD ST LOUISVILLE, KY 40208 61-1014882 115 61,672 0 RESEARCH- SUBCONTRACT CHAPIN HALL CENTER FOR CHILDREN 131 EAST 60TH ST CHICAGO, IL 60637 36-2167012 501(C)(3) 60,286, 0 RESEARCH- SUBCONTRACT MCFARLAND TECHNOLOGY INC 4935 OLD WILLIAM PENN HWY MURRYSVILLE, PA 15668 0 RESEARCH- SUBCONTRACT 04-3648401 N/A 58,443, ALLEGHENY-SINGER RESEARCH INSTITUTE - TWO ALLEGHENY CENTER PITTSBURGH, PA 15212 25-1320493 501(C)(3) 0 RESEARCH- SUBCONTRACT 58,148, UNIVERSITY OF CINCINNATI 500 UNIVERSITY HALL CINCINNATI, OH 45221 31-6000989 115 57 064 0 RESEARCH- SUBCONTRACT UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 100 N UNIVERSITY DR - EDMOND, OK 73034 73-6017987 115 55,168, 0 RESEARCH- SUBCONTRACT RADFORD UNIVERSITY PO BOX 6901 RADFORD, VA 24142 54-6001789 0 RESEARCH- SUBCONTRACT 54,550.

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) CENTER FOR BLACK EOUITY INC 1806 VERNON ST NW STE 200 WASHINGTON, DC 20009 20-0302937 N/A 51,869 0 RESEARCH- SUBCONTRACT DENVER HEALTH AND HOSPITAL AUTHORITY - 777 BANNOCK ST -DENVER, CO 80204 84-1343242 115 0 RESEARCH- SUBCONTRACT 51,406 STATE OF TENNESSEE 710 JAMES ROBERTSON PKWY NASHVILLE, TN 37423 62-6001445 115 51,390 0 RESEARCH- SUBCONTRACT REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - ONE SHIELDS AVE 94-6036494 501(C)(3) 50,396, 0 RESEARCH- SUBCONTRACT - DAVIS, CA 95616 ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK RD 23-2290323 501(C)(3) 0 RESEARCH- SUBCONTRACT PHILADELPHIA, PA 19141 50,275, BLACKROCK MICROSYSTEMS 630 KOMAS DR NO 200 26-2659394 N/A SALT LAKE CITY, UT 84108 0 RESEARCH- SUBCONTRACT 50,000. RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - PO BOX 715245 - COLUMBUS OH 43271 31-6056230 501(C)(3) 49 824. 0 RESEARCH- SUBCONTRACT NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR. STE 240 RALEIGH, NC 27695 56-6000756 115 49,088. 0 RESEARCH- SUBCONTRACT TREASURER OF VIRGINIA TECH 301 BURRUS HALL MAIL CODE 0244 BLACKSBURG, VA 24061 54-6001805 48,684. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF CALIFORNIA AT LOS ANGELES - 10889 WILSHIRE BLVD STE 700 - LOS ANGELES, CA 90095 95-6006143 115 46,477 0 RESEARCH- SUBCONTRACT THERMAOUIL 3711 MARKET ST STE 800 PHILADELPHIA, PA 19104 82-3445801 N/A 45,000 0 RESEARCH- SUBCONTRACT TEXAS A&M RESEARCH FOUNDATION 400 HARVEY MITCHELL PKWY S NO 300 COLLEGE STATION, TX 77845 74-1238434 501(C)(3) 43,206 0 RESEARCH- SUBCONTRACT CLEVELAND STATE UNIVERSITY 1983 E 24TH ST CLEVELAND, OH 44115 34-0966056 1115 42,282, 0 RESEARCH- SUBCONTRACT UPMC COMMUNITY PROVIDER SERVICES 600 GRANT ST FL 56 25-1804746 501(C)(3) PITTSBURGH, PA 15219 0 RESEARCH- SUBCONTRACT 39,867. MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 64-6000819 501(C)(3) 0 RESEARCH- SUBCONTRACT MISSISSIPPI STATE, MS 39762 39,356. SOUTHWEST PENNSYLVANIA AREA HEALTH EDUCATION CENTER INC - 400 N LEXINGTON AVE - PITTSBURGH, PA 15208 25-1791450 501(C)(3) 38 581 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY STE 200 IRVINE, CA 92617 95-2226406 115 38,570. 0 RESEARCH- SUBCONTRACT WILLIAM MARSH RICE UNIVERSITY 6100 MAIN ST HOUSTON, TX 77005 74-1109620 501(C)(3) 38,444. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) CLARK UNIVERSITY 950 MAIN ST WORCESTER, MA 01610 04-2111203 501(C)(3) 37,998 0 RESEARCH- SUBCONTRACT HOPE COLLEGE PO BOX 9000 HOLLAND, MI 49422 38-1381271 501(C)(3) 37,734 0 RESEARCH- SUBCONTRACT AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007 25-0965219 501(C)(3) 37,725 0 RESEARCH- SUBCONTRACT TEXAS A&M HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PKWY S NO 300 COLLEGE STATION, TX 77845 74-2907553 37,191 0 RESEARCH- SUBCONTRACT 1115 UNITED TECHNOLOGIES RESEARCH CENTER - 400 SILVER LN - EAST 0 RESEARCH- SUBCONTRACT HARTFORD, CT 06118 06-0570975 N/A 36,474. CENTER FOR ORGAN RECOVERY & EDUCATION - 204 SIGMA DR -PITTSBURGH, PA 15238 25-1332885 501(C)(3) 0 RESEARCH- SUBCONTRACT 35,610, GEORGE WASHINGTON UNIVERSITY 2121 I ST NW WASHINGTON, DC 20052 53-0196584 501(C)(3) 35 001 0 RESEARCH- SUBCONTRACT YOUNGSTOWN STATE UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555 34-1011998 115 33,163. 0 RESEARCH- SUBCONTRACT GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302 58-1845423 501(C)(3) 32,536. 0 RESEARCH- SUBCONTRACT

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | | urpose of grant assistance |
| ONTEFIORE MEDICAL CENTER | | | | | | | | |
| 11 EAST 210TH ST | | | | | | | | |
| BRONX, NY 10467 | 13-1740114 | 501(C)(3) | 31,500. | 0. | | | RESEARCH- | SUBCONTRACT |
| | | | | | | | | |
| UTTER BAY HOSPITALS | | | | | | | | |
| 200 RIVER PLAZA DR | | | | _ | | | | |
| ACRAMENTO, CA 95833 | 94-0562680 | 501(C)(3) | 30,801. | 0. | | | RESEARCH- | SUBCONTRACT |
| NATIONAL BUREAU OF ECONOMIC | | | | | | | | |
| RESEARCH INC - 1050 MASSACHUSETTS | | | | | | | | |
| LVE - CAMBRIDGE, MA 02138 | 13-1641075 | 501(C)(3) | 30,797. | 0. | | | RESEARCH- | SUBCONTRACT |
| , | | | , - | - | | | | |
| OWA STATE UNIVERSITY | | | | | | | | |
| .600 SOUTH 16TH ST | | | | | | | | |
| MES, IA 50011 | 42-6004224 | 501(C)(3) | 30,625. | 0. | | | RESEARCH- | SUBCONTRACT |
| | | | | | | | | |
| UCK INSTITUTE FOR RESEARCH ON | | | | | | | | |
| AGING - 8001 REDWOOD BLVD | 04 2020600 | E01/G)/2) | 20 250 | 0 | | | DEGENERAL | GUDGONED A CE |
| OVATO, CA 94945 | 94-3030609 | 501(C)(3) | 30,359. | 0. | | | RESEARCH- | SUBCONTRACT |
| NIVERSITY OF TEXAS AT ARLINGTON | | | | | | | | |
| OX 19198 701 S NEDDERMAN DR | | | | | | | | |
| RLINGTON, TX 76019 | 75-6000121 | 115 | 29,827. | 0. | | | RESEARCH- | SUBCONTRACT |
| | | | | | | | | |
| AKE FOREST UNIVERSITY | | | | | | | | |
| 834 WAKE FOREST RD | | | | | | | | |
| INSTON-SALEM, NC 27106 | 56-0532138 | 501(C)(3) | 28,563. | 0. | | | RESEARCH- | SUBCONTRACT |
| LMAC CLINICAL SERVICES LLC | | | | | | | | |
| 661 AUDOBON RD | | | | | | | | |
| UDOBON, PA 19403 | 26-1549369 | N/A | 27,890. | 0. | | | RESEARCH- | SUBCONTRACT |
| 0202011, III 19400 | 20 1347309 | -1, 21 | 27,050. | 0. | | | | DODCONTRACT |
| ACIFIC INSTITUTE FOR RESEARCH AND | | | | | | | | |
| VALUATION - 11720 BELTSVILLE DR - | | | | | | | | |
| ALVERTON, MD 20705 | 94-2243283 | 501(C)(3) | 27,190. | 0. | | 1 | DEGEARCH_ | SUBCONTRACT |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) TEXAS A&M AGRILIFE RESEARCH PO BOX 10420 COLLEGE STATION, TX 77842 74-6000541 115 25,825 0 RESEARCH- SUBCONTRACT CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232 25-0717890 501(C)(3) 25,491 0 RESEARCH- SUBCONTRACT CHESTER COUNTY DEPT. OF HUMAN SERVICES - 313 WEST MARKET ST -WEST CHESTSER, PA 19380 23-6003040 115 25,000 0 RESEARCH- SUBCONTRACT TIOGA COUNTY PARTNERSHIP FOR COMMUNITY HEALTH - 33 PEARL ST -WELLSBORO, PA 16901 25-1872477 501(C)(3) 25,000 0 RESEARCH- SUBCONTRACT COUNTY OF DELAWARE 201 WEST FRONT ST MEDIA, PA 19063 23-6003046 0 RESEARCH- SUBCONTRACT 115 25,000 REVERAGEN BIOPHARMA INC 155 GIBBS ST STE 433 26-3808415 N/A ROCKVILLE, MD 20850 0 RESEARCH- SUBCONTRACT 24,000 GEORGIA REGENTS RESEARCH INSTITUTE INC - 1120 15TH ST - AUGUSTA, GA 30912 58-1418202 501(C)(3) 23,957. 0 RESEARCH- SUBCONTRACT ALLEGHENY COLLEGE 520 NORTH MAIN ST 25-0965212 501(C)(3) MEADVILLE, PA 16335 23,944. 0 RESEARCH- SUBCONTRACT USDA 2301 NORTH CAMERON ST HARRISBURG, PA 17110 72-0564834 23,800, 0 RESEARCH- SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) JARUS HEALTH TECHNOLOGIES LLC 681 ANDERSEN DR. 3RD FLOOR PITTSBURGH, PA 15220 81-1866960 N/A 22,500 0 RESEARCH- SUBCONTRACT BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVE -SEATTLE, WA 98101 91-0653422 501(C)(3) 22,373 0 RESEARCH- SUBCONTRACT CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 22,047 0 RESEARCH- SUBCONTRACT UNIVERSITY OF OREGON PO BOX 3237 93-6001786 0 RESEARCH- SUBCONTRACT EUGENE, OR 97403 1115 21,246, PURDUE UNIVERSITY 403 WEST WOOD ST 35-6002041 501(C)(3) WEST LAFAYETTE, IN 47907 0 RESEARCH- SUBCONTRACT 21,002, THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH 59-0634433 501(C)(3) JACKSONVILLE, FL 32256 0 RESEARCH- SUBCONTRACT 20,392, RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201 14-1368361 501(C)(3) 19 488. 0 RESEARCH- SUBCONTRACT CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048 95-1644600 501(C)(3) 19,074. 0 RESEARCH- SUBCONTRACT COMMUNITY LIVING AND SUPPORT SERVICES - 1400 SOUTH BRADDOCK AVE - PITTSBURGH, PA 15218 25-0987252 501(C)(3) 18,268, 0 RESEARCH- SUBCONTRACT

Page 1

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| LIBEROS LLC | | | | | | | | |
| 7046 HOLLYWOOD BLVD | | | | | | | | |
| LOS ANGELES, CA 90028 | 47-3285398 | N/A | 17,970. | 0. | | | RESEARCH- SUBCONTRACT | |
| • | | | , | | | | | |
| ALBANY MEDICAL COLLEGE | | | | | | | | |
| 47 NEW SCOTLAND AVE | | | | | | | | |
| ALBANY, NY 12208 | 14-1338310 | 501(C)(3) | 17,649. | 0. | | | RESEARCH- SUBCONTRACT | |
| | | | | | | | | |
| NORWALK HOSPITAL | | | | | | | | |
| 14 RESEARCH DR | 0.5 5050050 | 504 (5) (2) | 47.600 | | | | L | |
| BETHEL, CT 06801 | 06-6068853 | 501(C)(3) | 17,600. | 0. | | | RESEARCH- SUBCONTRACT | |
| UNIVERSITY OF CALIFORNIA SANTA | | | | | | | | |
| BARBARA - 3201 SAASB BUILDING | | | | | | | | |
| PAYROLL OFFICE - SANTA BARBARA, CA | | | | _ | | | | |
| 93106 | 95-6006145 | 115 | 17,232. | 0. | | | RESEARCH- SUBCONTRACT | |
| CAROLINAS HEALTHCARE SYSTEM | | | | | | | | |
| 501 BILLINGSLEY RD | | | | | | | | |
| CHARLOTTE, NC 28211 | 56-0529945 | N/A | 16,896. | 0. | | | RESEARCH- SUBCONTRACT | |
| CHARDOTTE, NC 20211 | 30 0323343 | N/A | 10,050. | <u> </u> | | | RESEARCH SUBCONTRACT | |
| NEW YORK STRUCTURAL BIOLOGY CENTER | | | | | | | | |
| 89 CONVENT AVE | | | | | | | | |
| NEW YORK, NY 10027 | 13-4043587 | 501(C)(3) | 16,681. | 0. | | | RESEARCH- SUBCONTRACT | |
| | | | | | | | | |
| JERSEY SHORE BOROUGH | | | | | | | | |
| 232 SMITH ST | | | | | | | | |
| JERSEY SHORE, PA 17740 | 24-6000605 | 115 | 16,000. | 0. | | | RESEARCH- SUBCONTRACT | |
| MINNESOTA VETERANS MEDICAL | | | | | | | | |
| RESEARCH & EDUCATIONAL FOUNDATION | | | | | | | | |
| - 1 VETERANS DR - MINNEAPOLIS, MN | | | | | | | | |
| 55417 | 41-1652941 | 501(C)(3) | 15,800. | 0. | | | RESEARCH- SUBCONTRACT | |
| | | | | | | | | |
| WEILL MEDICAL COLLEGE | | | | | | | | |
| 1300 YORK AVE | 10 16 | 504 (5) (2) | | _ | | | | |
| NEW YORK, NY 10021 | 13-1623978 | b01(C)(3) | 15,733. | 0. | | | RESEARCH- SUBCONTRACT | |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) BEAUTIFITSTRONG LLC 3510 SCOTTS LN STE 3018 PHILADELPHIA, PA 19129 47-4243466 N/A 15,000 0 RESEARCH- SUBCONTRACT GATEWAY HEALTH PLAN 444 LIBERTY AVE STE 2100 PITTSBURGH, PA 15222 25-1691945 N/A 15,000 0 RESEARCH- SUBCONTRACT HEALTH CARE EDUCATION ASSOCIATION 2424 AMERICAN LN MADISON, WI 53704 23-2956629 501(C)(6) 15,000 0 RESEARCH- SUBCONTRACT ADAMS COUNTY LIBRARY SYSTEM INC. 140 BALTIMORE ST HARRISBURG, PA 17325 23-1352002 501(C)(3) 14,998. 0 RESEARCH- SUBCONTRACT PITT BRIDGE PROGRAM FOR HEALTH SCIENCE CLUBS FOR YOUTH LLC - 2359 RAILROAD ST - PITTSBURGH, PA 15222 0 RESEARCH- SUBCONTRACT 82-3001683 N/A 14,994. PENNSYLVANIA HIGHLANDS COMMUNITY COLLEGE - 101 COMMUNITY COLLEGE WAY - JOHNSTOWN, PA 15904 25-1721929 0 RESEARCH- SUBCONTRACT 115 14,990. ADVENTIST HEALTH SYSTEM- SUNBELT INC. - 601 E ROLLINS ST - ORLANDO FL 32803 59-0724459 501(C)(3) 14 873 0 RESEARCH- SUBCONTRACT VINTAGE INC 421 NORTH HIGHLAND AVE PITTSBURGH, PA 15206 23-7394576 501(C)(3) 14,000. 0 RESEARCH- SUBCONTRACT WASHINGTON STATE UNIVERSITY PO BOX 641024 PULLMAN, WA 99164 91-6001108 13,760. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) RESEARCH FOUNDATION FOR MENTAL HYGIENE INC. - 150 BROADWAY STE 301 - MENANDS, NY 12204 14-1410842 501(C)(3) 13,284 0 RESEARCH- SUBCONTRACT LINCOLN UNIVERSITY 1570 BALTIMORE PIKE LINCOLN UNIVERSITY, PA 19352 23-1352655 501(C)(3) 12,300 0 RESEARCH- SUBCONTRACT STATE SCIENCE & TECHNOLOGY INSTITUTE - 5015 PINE CREEK DR -WESTERVILLE, OH 43081 31-1448843 501(C)(3) 12,000 0 RESEARCH- SUBCONTRACT MATERIALS SCIENCES CORPORATION 135 ROCK RD HORSHAM, PA 19044 23-2462974 11,738. 0 RESEARCH- SUBCONTRACT N/A ROKET LLC 6740 REYNOLDS ST STE 2 PITTSBURGH, PA 15206 46-4721203 0 RESEARCH- SUBCONTRACT N/A 11,500. CATALYST CONNECTION 2000 TECHNOLOGY DR PITTSBURGH, PA 15219 25-1453211 501(C)(3) 0 RESEARCH- SUBCONTRACT 11,483. PROMUNDO-US 1367 CONNECTICUT AVE NW STE 310 WASHINGTON, DC 20036 26-1931968 501(C)(3) 11 286. 0 RESEARCH- SUBCONTRACT CITY OF PHILADELPHIA PO BOX 1630 PHILADELPHIA, PA 19105 23-6003047 115 11,178. 0 RESEARCH- SUBCONTRACT ADVANCE AFRICAN DEVELOPMENT INC 907 WEST ST FIFTH FL PITTSBURGH, PA 15221 45-4946645 11,037. 0 RESEARCH- SUBCONTRACT

Page 1

| Sched | dule I (Form 990) UNIVERSITY OF | PITTSBURGH | | | | | 25 | 5-0965591 | Pag |
|-------|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|--------------------------------------|-----|
| Part | II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | | |
| | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance | t |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------|
| BOROUGH OF OAKMONT | | | | | | | |
| 767 FIFTH ST | | | | _ | | | |
| OAKMONT, PA 15139 | 25-6000430 | 115 | 11,000. | 0. | | | RESEARCH- SUBCONTRACT |
| WEST EARL TOWNSHIP | | | | | | | |
| 157 W METZIER RD | | | | | | | |
| BROWNSTOWN, PA 17508 | 23-6000575 | 115 | 11,000. | 0. | | | RESEARCH- SUBCONTRACT |
| | | | | | | | |
| HONEYWELL INTERNATIONAL INC | | | | | | | |
| 12490 COLLECTIONS CENTER DR | 00 0640650 | | 10 000 | | | | |
| CHICAGO, IL 60693 | 22-2640650 | N/A | 10,807. | 0. | | | RESEARCH- SUBCONTRACT |
| FUTURES WITHOUT VIOLENCE | | | | | | | |
| 100 MONTGOMERY ST | | | | | | | |
| SAN FRANCISCO, CA 94129 | 94-3110973 | 501(C)(3) | 10,584. | 0. | | | RESEARCH- SUBCONTRACT |
| · | | | · | | | | |
| CHILDREN'S COMMUNITY PEDIATRICS | | | | | | | |
| 11279 PERRY HIGHWAY STE 450 | | | | | | | |
| WEXFORD, PA 15090 | 25-1781887 | N/A | 10,000. | 0. | | | RESEARCH- SUBCONTRACT |
| | | | | | | | |
| UPMC MERCY | | | | | | | |
| 600 GRANT ST FL 56 PITTSBURGH, PA 15219 | 25-0965429 | 501(C)(3) | 10,000. | 0. | | | RESEARCH- SUBCONTRACT |
| TITIBBORGII, TA 13213 | 23 0303423 | 501(0)(3) | 10,000. | 0. | | | RESEARCH SUBCONTRACT |
| UPMC | | | | | | | |
| 600 GRANT ST FL 56 | | | | | | | |
| PITTSBURGH, PA 15219 | 25-1423657 | 501(C)(3) | 9,983. | 0. | | | RESEARCH- SUBCONTRACT |
| | | | | | | | |
| MARQUETTE UNIVERSTY | | | | | | | |
| PO BOX 1881 | 20.000001 | 504 (5) (2) | 0.505 | | | | L |
| MILWAUKEE, WI 53201 | 39-0806251 | 501(C)(3) | 9,625. | 0. | | | RESEARCH- SUBCONTRACT |
| GEORGIA TECH RESEARCH CORP | | | | | | | |
| 550 TENTH ST NW | | | | | | | |
| ATLANTA, GA 30332 | 58-0603146 | 501(C)(3) | 9,374. | 0. | | | RESEARCH- SUBCONTRACT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
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| | | | | | | | |
| CROUSE HOSPITAL | | | | | | | |
| 736 IRVING AVENUE | | | | | | | |
| SYRACUSE, NY 13210 | 16-0960470 | 501(C)(3) | 9,170. | 0. | | | RESEARCH- SUBCONTRACT |
| INDIAN HEALTHCARE RESOURCE CENTER | | | | | | | |
| OF TULSA INC - 550 S PEORIA AVE - | | | | | | | |
| TULSA, OK 74120 | 73-1042545 | 501(C)(3) | 8,815. | 0. | | | RESEARCH- SUBCONTRACT |
| TODOM, OR 74120 | 73 1042343 | 301(0)(3) | 0,013. | <u> </u> | | | REDEFINE BODGON I MICT |
| HACKENSACK UNIVERSITY MEDICAL | | | | | | | |
| CENTER - 1350 CAMPUS PKWY - | | | | | | | |
| NEPTUNE, NJ 07753 | 22-1487576 | 501(C)(3) | 8,640. | 0. | | | RESEARCH- SUBCONTRACT |
| FAYETTE COUNTY COMMUNITY HEALTH | | | · | | | | |
| IMPROVEMENT PARTNERSHIP INC - 2054 | | | | | | | |
| SPRINGHILL FURNACE RD - | | | | | | | |
| SMITHFIELD, PA 15478 | 46-4948911 | 115 | 8,000. | 0. | | | RESEARCH- SUBCONTRACT |
| , | | | , | | | | |
| DRAKE UNIVERSITY | | | | | | | |
| 2507 UNIVERSITY AVE | | | | | | | |
| DES MOINES, IA 50311 | 42-0680460 | 501(C)(3) | 7,633. | 0. | | | RESEARCH- SUBCONTRACT |
| , | | | , , , , , , | | | | |
| BOSTON VA RESEARCH INSTITUTE | | | | | | | |
| 150 S HUNTINGTON AVE | | | | | | | |
| BOSTON, MA 02130 | 04-3081524 | 501(C)(3) | 7,561. | 0. | | | RESEARCH- SUBCONTRACT |
| , | | | , - | | | | |
| CHILDREN'S LITERACY INITIATIVE | | | | | | | |
| 2314 MARKET ST | | | | | | | |
| PHILADELPHIA, PA 19103 | 23-2515768 | 501(C)(3) | 7,524. | 0. | | | RESEARCH- SUBCONTRACT |
| · | | | , | | | | |
| BANGOR BOROUGH | | | | | | | |
| 197 PENNSYLVANIA AVE | | | | | | | |
| BANGOR, PA 18013 | 24-6000563 | 115 | 7,500. | 0. | | | RESEARCH- SUBCONTRACT |
| , | | | , | | | | |
| CLEVELAND CLINIC | | | | | | | |
| PO BOX 931517 | | | | | | | |
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR SAN DIEGO, CA 92093 95-6006144 501(C)(3) 7,065 0 RESEARCH- SUBCONTRACT ESSENTIA INSTITUTE OF RURAL HEALTH 502 E 2ND ST DULUTH, MN 55805 27-1291124 501(C)(3) 6,600 0 RESEARCH- SUBCONTRACT HOUSTON METHODIST RESEARCH INSTITUTE - 6565 FANNIN ST GB 240 - HOUSTON, TX 77030 87-0721923 501(C)(3) 6,250 0 RESEARCH- SUBCONTRACT MEDSTAR HEALTH RESEARCH INSTITUTE 6495 NEW HAMPSHIRE AVE STE 201 HYATTSVILLE, MD 20783 52-6056274 501(C)(3) 6,150, 0 RESEARCH- SUBCONTRACT COUNTY OF INDIANA 825 PHILADELPHIA ST INDIANA, PA 15701 25-6001035 0 RESEARCH- SUBCONTRACT 115 6,148, ELIZABETHTOWN BOROUGH 600 S HANOVER ST ELIZABETHTOWN, PA 17022 23-6002859 0 RESEARCH- SUBCONTRACT 115 5,966. LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611 36-1408475 501(C)(3) 5 950 0 RESEARCH- SUBCONTRACT LA BIOMED 1124 WEST CARSON ST TORRANCE, CA 90502 95-2138184 501(C)(3) 5,800. 0 RESEARCH- SUBCONTRACT ST LUKE'S HOSPITAL OF BETHLEHEM PA 801 OSTRUM ST BETHLEHEM, PA 18015 23-1352213 501(C)(3) 5,780. 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UP NEXT, LLC 1200 RICHMOND ST PITTSBURGH, PA 15218 APPLIED FOR N/A 5,600 0 RESEARCH- SUBCONTRACT HEALTHPARTNERS INSTITUTE PO BOX 1309 MINNEAPOLIS, MN 55440 41-1670163 501(C)(3) 5,424 0 RESEARCH- SUBCONTRACT HOSPITAL FOR SPECIAL SURGERY 535 E 70TH ST NEW YORK, NY 10021 13-1624135 501(C)(3) 5,317 0 RESEARCH- SUBCONTRACT METROHEALTH SYSTEM 2500 METROHEALTH DR CLEVELAND, OH 44109 34-6004382 115 5,214, 0 RESEARCH- SUBCONTRACT PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS -1400 N PROVIDENCE RD STE 3007 -MEDIA, PA 19063 501(C)(3) 0 RESEARCH- SUBCONTRACT 23-7135840 5,000 UPMC COMMUNITY PROVIDER SERVICES 200 LOTHROP ST PITTSBURGH, PA 15213 25-1804746 501(C)(3) 0 SPONSORSHIP 166,700. UPMC CHILDREN'S HOSPITAL OF PITTSBURGH - 4401 PENN AVE -PITTSBURGH, PA 15224 25-0402510 501(C)(3) 115 922. 0 SPONSORSHIP ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVE -PITTSBURGH, PA 15219 25-0965213 501(C)(3) 88,000, 0 SPONSORSHIP CAVE CANEM FOUNDATION 20 JAY ST BROOKLYN, NY 11201 13-3932909 501(C)(3) 40,625 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) AMERICAN SOCIETY FOR PUBLIC ADMINISTRATION - 1730 RHODE ISLAND AVE NW - WASHINGTON, DC 20036 36-2340300 501(C)(3) 28,703 0 SPONSORSHIP OAKLAND PLANNING & DEVELOPMENT CORP - 235 ATWOOD ST - PITTSBURGH PA 15213 25-1382510 501(C)(3) 28,500 0 SPONSORSHIP PITTSBURGH VENTURE CAPITAL ASSOCIATION - 49 OAKMONT CT -BRIDGEVILLE, PA 15017 25-1566467 501(C)(6) 27,800 0 SPONSORSHIP NEUROSURGERY RESEARCH & EDUCATION FOUNDATION - 5550 MEADOWBROOK DR ROLLINGS MEADOWS, IL 60008 46-2905743 501(C)(3) 25,000 0 SPONSORSHIP PITTSBURGH LEGAL INCOME SHARING FOUNDATION - 3900 FORBES AVE -25-1555403 501(C)(3) 0 SPONSORSHIP PITTSBURGH, PA 15260 24,000 PROFESSOR SEAGULL LLC 68 JAY ST BROOKLYN, NY 11201 27-5175960 0 SPONSORSHIP N/A 24,000 NATIONAL SOCIETY OF BLACK ENGINEERS - 305 DAINGERFIELD RD -ALEXANDRIA VA 22314 35-1410757 501(C)(3) 20 000 0 SPONSORSHIP STATE SCIENCE & TECHNOLOGY INSTITUTE - 5015 PINE CREEK DRIVE - WESTERVILLE, OH 43081 31-1448843 501(C)(3) 20,000. 0 SPONSORSHIP CHUCK COOPER FOUNDATION 49 THORNCREST DRIVE PITTSBURGH, PA 15235 27-4722527 501(C)(3) 17,500. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) THE PITTSBURGH HIGH TECHNOLOGY COUNCIL - 100 S COMMONS STE 172 -PITTSBURGH, PA 15212 25-1437854 501(C)(6) 16,000 0 SPONSORSHIP LIFE SCIENCES PENNSYLVANIA 650 E SWEDESFORD RD STE 190 WAYNE, PA 19087 25-1621500 501(C)(3) 15,500 0 SPONSORSHIP NEIGHBORHOOD LEGAL SERVICES ASSN 929 PENN AVENUE PITTSBURGH, PA 15222 25-1157129 501(C)(3) 15,500 0 SPONSORSHIP PG CHARITIES 34 BLVD OF ALLIES 15,000. PITTSBURGH, PA 15222 23-7216540 501(C)(3) 0 SPONSORSHIP CIEE, INC 300 FORE ST 13-4038907 501(C)(3) 0 SPONSORSHIP PORTLAND, ME 04101 13,500. AMERICAN CANCER SOCIETY 320 BILMAR DR PITTSBURGH, PA 15205 25-1798733 501(C)(3) 0 SPONSORSHIP 12,061 CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 11 500 0 SPONSORSHIP NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES - 4609 PINECREST OFFICE PARK DR -ALEXANDRIA, VA 22312 52-1165531 501(C)(3) 10,000. 0 SPONSORSHIP PITTSBURGH PARKS CONVERVANCY 2000 TECHNOLOGY DR NO 300 PITTSBURGH, PA 15219 23-2882145 501(C)(3) 10,000. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222 25-1053485 501(C)(3) 10,000 0 SPONSORSHIP LAUREL HIGHLANDS COUNCIL, BOY SCOUTS OF AMERICA - 1275 BEDFORD AVE FLAG PLAZA - PITTSBURGH, PA 15219 25-0965214 501(C)(3) 9,000 0 SPONSORSHIP GRANTMAKERS OF WESTERN PA 650 SMITHFIELD ST STE 210 PITTSBURGH, PA 15222 25-1496312 501(C)(3) 8,000 0 SPONSORSHIP NATIONAL FOOTBALL FOUNDATION & COLLEGE FOOTBALL HALL OF FAME -433 LAS COLINAS BLVD E STE 1130 -IRVING, TX 75039 22-1508812 501(C)(3) 8,000 0 SPONSORSHIP UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVE -SPONSORSHIP PITTSBURGH, PA 15230-0735 25-1043578 501(C)(3) 0 8,000 ST JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE -MEMPHIS, TN 38105 62-0646012 501(C)(3) 0 SPONSORSHIP 7,517. AMERICAN IRELAND FUND 211 CONGRESS ST 10TH FL BOSTON MA 02110 25-1306992 501(C)(3) 7 500 0 SPONSORSHIP COUNCIL ON EDUCATION FOR PUBLIC HEALTH - 1010 WAYNE AVE - SILVER SPRING, MD 20910 52-1017653 501(C)(3) 7,500. 0 SPONSORSHIP NATIONAL NEUROTRAMA SOCIETY 9037 RON DEN LN WINDERMERE, FL 34786 76-0520736 501(C)(3) 7,500. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) HABITAT FOR HUMANITY OF FORSYTH COUNTY, INC. - 1023 W 14TH ST -WINSTON-SALEM, NC 27105 56-1448955 501(C)(3) 7,350 0 SPONSORSHIP YWCA 305 WOOD ST PITTSBURGH, PA 15222 25-0965639 501(C)(3) 7,325 0 SPONSORSHIP NAACP 2030 WYLIE AVE PITTSBURGH, PA 15219 25-6086867 501(C)(3) 7,000 0 SPONSORSHIP URBAN LEAGUE OF GREATER PITTSBURGH INC - 610 WOOD ST - PITTSBURGH, PA 7,000. 15222 25-0965592 501(C)(3) 0 SPONSORSHIP HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR ST 91-1914868 501(C)(3) 0 SPONSORSHIP AMERICUS, GA 31709 6,650. CONSORTIUM FOR QUALITATIVE RESEARCH METHODS - 10839 N SUNDOWN DR - SCOTTSDALE, AZ 85260 86-0998031 501(C)(3) 0 SPONSORSHIP 6,400. AMERICAN RED CROSS 225 BLVD OF THE ALLIES PITTSBURGH, PA 15222 53-0196605 501(C)(3) 6 064. 0 SPONSORSHIP CARLOW UNIVERSITY 3333 FIFTH AVE PITTSBURGH, PA 15213 25-0965438 501(C)(3) 6,000. 0 SPONSORSHIP LEADERSHIP PITTSBURGH, INC. 650 SMITHFIELD ST STE 1110 PITTSBURGH, PA 15222 25-1767779 501(C)(3) 6,000. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) SENATOR JOHN HEINZ PITTSBURGH REGIONAL HISTORY CENTER - 1212 SMALLMAN ST - PITTSBURGH, PA 15222 25-0965391 501(C)(3) 6,000 0 SPONSORSHIP FEELGOOD 351 17TH AVE SAN FRANCISCO, CA 94121 76-0765873 501(C)(3) 5,705 0 SPONSORSHIP AMERICAN HEART ASSOCIATION 7777 PENN CENTER BLVD PITTSBURGH, PA 15235 13-5613797 501(C)(3) 5,542 0 SPONSORSHIP JUNTOS Y UNIDOS POR PUERTO RICO. INC. - 252 PONCE DE LEON AVE ST 1802 - SAN JUAN, PR 00917 66-0886334 501(C)(3) 5,004 0 SPONSORSHIP BEST OF THE BATCH FOUNDATION 2000 WEST ST 34-1900914 501(C)(3) MUNHALL, PA 15120 0 SPONSORSHIP 5,000 BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST STE 609 NEW YORK, NY 10036 13-3727250 501(C)(3) 0 SPONSORSHIP 5,000. CBS BORADCASTING, INC. 21245 NETWORK PL CHICAGO IL 60673 13-0590730 N/A 5 000 0 SPONSORSHIP CHILDREN'S MUSEUM OF PITTSBURGH 10 CHILDREN'S WAY 25-1379704 501(C)(3) PITTSBURGH, PA 15212 5,000. 0 SPONSORSHIP EPILEPSY FOUNDATION OF WESTERN/CENTRAL PA - 1501 REEDSDALE STE 3002 - PITTSBURGH, PA 15233 23-7241930 501(C)(3) 5 000 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) GIRL SCOUTS OF WESTERN PENNSYLVANIA - 30 ISABELLA ST STE 107 - PITTSBURGH, PA 15212 25-1126094 501(C)(3) 5,000 0 SPONSORSHIP GORDON RESEARCH CONFERENCES 512 LIBERTY LN WEST KINGSTON, RI 02892 26-0150662 501(C)(3) 5,000 0 SPONSORSHIP GWEN'S GIRLS, INC. 711 WEST COMMONS PITTSBURGH, PA 15212 75-3114136 501(C)(3) 5,000 0 SPONSORSHIP HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVE PITTSBURGH, PA 15213 25-6065236 501(C)(3) 5,000. 0 SPONSORSHIP HUDDLE UP FOR KIDS FOUNDATION 127 MAJESTIC DR 81-1817117 501(C)(3) 0 SPONSORSHIP MARS, PA 16046 5,000 THE PHD PROJECT ASSOCIATION 3 CHESTNUT RIDGE RD MONTVALE, NJ 07645 20-2610773 501(C)(3) 0 SPONSORSHIP 5,000. PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LN CHARLOTTE, NC 28204 58-1413074 501(C)(3) 5 000 0 SPONSORSHIP STANLEY M MARKS BLOOD CANCER RESEARCH FUND - 5150 CENTRE AVE STE 505 - PITTSBURGH, PA 15232 82-3369773 501(C)(3) 5,000. 0 SPONSORSHIP THE FORBES FUNDS FIVE PPG PLACE STE 250 PITTSBURGH, PA 15222 25-1418095 501(C)(3) 5 000 0 SPONSORSHIP

Page 1

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| THRILL MILL INC | | | | | | | |
| 5401 PENN AVE 3RD FL | | | | | | | |
| PITTSBURGH, PA 15206 | 46-0683059 | 501(C)(3) | 5,000. | 0. | | | SPONSORSHIP |
| NOMEN IN BIO INC | | | | | | | |
| PO BOX 31493 | | | | | | | |
| SEA ISLAND, GA 31561 | 03-0458239 | 501(C)(3) | 5,000. | 0. | | | SPONSORSHIP |
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Schedule I (Form 990) (2017) UNIVERSITY OF PITTSBURGH 25-0965591 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------------|--------------------------|--------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
| | | | | | |
| NSTITUTIONAL AID TO STUDENTS | 15241 | 183,459,236. | . 0. | | |
| | | | | | |
| CUITION REMISSION | 2165 | 25,753,645. | 0. | | |
| TUITION REMISSION- STUDENTS ATTENDING OTHER | | | | | |
| INIVERSITIES | 284 | 5,154,630. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING PROCEDURES PART II: GRANTS AND ASSISTANCE TO GOVERNMENTS AND

ORGANIZATIONS IN THE UNITED STATES:

THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCEDURES FOR FINANCIAL

AFFAIRS. RESPONSIBILITY CENTER HEADS WITHIN THE UNIVERSITY ARE RESPONSIBLE

FOR MONITORING THE GENERAL USE OF UNIVERSITY FUNDS FOR APPROVED USES.

DISBURSEMENT REQUESTS FOR GRANT FUNDS MUST BE APPROVED BY THE FINANCIAL

ACCOUNTING INFORMATION SYSTEM (FAIS) ACCOUNT ADMINISTRATOR OR THE HEAD OF

Page 2 Part IV | Supplemental Information THE RESPONSIBILITY CENTER. WHEN THE REQUESTOR IS ALSO THE FAIS ACCOUNT ADMINISTRATOR OR THE HEAD OF THE RESPONSIBILITY CENTER. THE GRANT FUNDING REQUEST MUST BE SIGNED BY THE NEXT HIGHER LEVEL ADMINISTRATOR. THE UNIVERSITY'S DISBURSEMENT PROCESS IDENTIFIES AND RECORDS PAYMENTS TO BOTH U.S. AND FOREIGN INDIVIDUALS/ENTITIES. THE UNIVERSITY EMPLOYS APPROPRIATE MEASURES TO REDUCE THE RISK THAT ANY GRANT FUNDING PROVIDED IS NOT USED FOR NON-CHARITABLE PURPOSES OR EXPLOITATION BY TERRORIST ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, UNIVERSITY ATTENDANCE AND/OR PARTICIPATION AT SPONSORED EVENTS AND ONGOING REVIEWS OF THE SPECIALLY DESIGNATED NATIONALS LIST PUBLISHED BY THE US DEPARTMENT OF THE TREASURY. FOR RESEARCH SUBCONTRACTS, THE INITIAL DETERMINATION OF ELIGIBILITY AND APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM THE ENTITY WHICH IS REVIEWED. UPON SUBMISSION. THE OFFICE OF RESEARCH LOOKS FOR THIS DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS FUNDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES PART III GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES: THE INSTITUTION DOES MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE. THE RECORDS, ELIGIBILITY AND SELECTION CRITERIA ARE MAINTAINED BY EITHER THE OFFICE OF ADMISSIONS AND FINANCIAL AID. THE STUDENTS' SCHOOL DEPARTMENT, THE BENEFITS SECTION OF HUMAN RESOURCES, OR

Schedule I (Form 990)

THE FACULTY RECORDS OFFICE.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

| Pa | art I Questions Regarding Compensation | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | X First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | X Tax indemnification and gross-up payments | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Х | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | 1 | 1 |

732111 10-17-17

Schedule J (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | | |
|--------------------------------------|------|--------------------------|-------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Delletits | (15)(1)-(15) | reported as deferred on prior Form 990 | | |
| (1) PATRICK D. GALLAGHER | (i) | 518,914. | 0. | 11,934. | 123,650. | 98,395. | 752,893. | 0. | | |
| CHANCELLOR / CEO | (ii) | 15,000. | 0. | 0. | 0. | 0. | 15,000. | 0. | | |
| (2) EDWARD J. GREFENSTETTE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| TRUSTEE | (ii) | 515,000. | 500,000. | 6,423. | 705,309. | 22,577. | 1,749,309. | 500,000. | | |
| (3) PATRICIA E. BEESON | (i) | 417,379. | 0. | 26,095. | 50,400. | 23,699. | 517,573. | 0. | | |
| PROVOST/SR VICE CHANCELLOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (4) KATHY S. HUMPHREY | (i) | 388,020. | 0. | 23,563. | 32,400. | 24,793. | 468,776. | 0. | | |
| SR VICE CHANCELLOR, ENGAGEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (5) PAUL LAWRENCE | (i) | 373,343. | 0. | 450. | 45,599. | 19,420. | 438,812. | 0. | | |
| TREASURER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (6) ARTHUR S. LEVINE | (i) | 843,612. | 62,000. | 75,834. | 32,400. | 60,815. | 1,074,661. | 0. | | |
| SR VICE CHANCELLOR, HEALTH SCIENES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (7) AMY KRUEGER MARSH | (i) | 441,142. | 0. | 20,404. | 39,150. | 28,180. | 528,876. | 0. | | |
| TREASURER (THRU 03/31/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (8) ARTHUR G. RAMICONE | (i) | 394,809. | 0. | 22,942. | 0. | 25,793. | 443,544. | 0. | | |
| SR VICE CHANCELLOR & CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (9) ROBIN A. RUTENBAR | (i) | 198,619. | 0. | 5,478. | 13,333. | 10,122. | 227,552. | 0. | | |
| SR VICE CHANCELLOR- RESEARCH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (10) GREGORY A. SCOTT | (i) | 318,914. | 0. | 25,383. | 21,600. | 20,873. | 386,770. | 0. | | |
| SR VICE CHANCELLOR, BUSINESS OPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (11) GEOVETTE E. WASHINGTON | (i) | 393,561. | 0. | 18,052. | 21,600. | 10,157. | 443,370. | 0. | | |
| SR VICE CHANCELLOR & CHIEF LEGAL OFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (12) PATRICK R. NARDUZZI | (i) | 1,986,338. | 1,150,000. | 37,156. | 21,600. | 18,859. | 3,213,953. | 0. | | |
| HEAD FOOTBALL COACH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (13) KEVIN STALLINGS | (i) | 1,419,751. | 1,000,000. | 32,607. | 21,600. | 18,250. | 2,492,208. | 0. | | |
| FORMER HEAD BASKETBALL COACH- MEN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (14) SUZANNE MCCONNELL-SERIO | (i) | 636,142. | 25,000. | 37,514. | 12,468. | 18,303. | 729,427. | 0. | | |
| FORMER HEAD BASKETBALL COACH- WOMEN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (15) MICHAEL BECICH | (i) | 612,230. | 20,000. | 300. | 60,000. | 38,692. | 731,222. | 0. | | |
| CHAIR- BIOMEDICAL INFORMATICS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |
| (16) ALTON JAMES | (i) | 568,639. | 0. | 300. | 32,400. | 17,979. | 619,318. | 0. | | |
| DIRECTOR, UPCI | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | | |

Page 2

UNIVERSITY OF PITTSBURGH Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|------------------------------------|-------------|--------------------------|-------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|----------------------|-------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | berients | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (17) B. JEAN FERKETISH | (i) | 189,708. | 0. | 4,122. | 13,835. | 17,345. | 225,010. | 0. |
| FORMER SECRETARY BOARD OF TRUSTEES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) MARK A. NORDENBERG | (i) | 489,170. | 0. | 326,409. | 67,776. | 16,584. | 899,939. | 0. |
| FORMER CHANCELLOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | - | | | | - | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2017 UNIVERSITY OF PITTSBURGH 25-0965591 Page 3

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL:

THE UNIVERSITY USES CHARTER AIR TRAVEL PRIMARILY TO TRANSPORT THE FOOTBALL

TEAM AND THE MEN'S AND WOMEN'S BASKETBALL TEAMS TO AWAY GAME VENUES.

OCCASIONALLY, DUE TO TIME CONSTRAINTS, WEATHER CONCERNS, OR CLOSELY

SEQUENCED COMMITMENTS. SENIOR MANAGEMENT MAY USE CHARTER AIR TRAVEL TO MEET

PROFESSIONAL RESPONSIBILITIES. TRAVEL IS TREATED AS TAXABLE INCOME ON FORM

W-2 IF NOT FOR BONA FIDE BUSINESS PURPOSES.

TRAVEL FOR COMPANIONS: TRAVEL FOR COMPANIONS IS TREATED AS TAXABLE INCOME

ON FORM W-2.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

CERTAIN SENIOR OFFICERS AT THE UNIVERSITY ARE ELIGIBLE FOR A HEALTH CARE

PACKAGE UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR. THE REIMBURSEMENT IS

"GROSSED-UP" FOR INCOME TAX PURPOSES.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS A CONDITION OF EMPLOYMENT, THE CHANCELLOR IS REQUIRED TO LIVE IN A

Schedule J (Form 990) 2017

95

Schedule J (Form 990) 2017 UNIVERSITY OF PITTSBURGH 25-0965591 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RESIDENCE PROVIDED BY THE UNIVERSITY TO MEET WITH AND ENTERTAIN DONORS.

PROSPECTIVE DONORS, INSTITUTIONAL SUPPORTERS, AND BUSINESS ASSOCIATES.USE

OF THE RESIDENCE IS NOT CONSIDERED TAXABLE INCOME UNDER IRC SEC. 119(D).

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

BECAUSE CERTAIN OFFICERS OF THE UNIVERSITY ARE REQUIRED TO ENTERTAIN

DONORS, PROSPECTIVE DONORS, INSTITUTIONAL SUPPORTERS, AND BUSINESS

ASSOCIATES, CLUB MEMBERSHIPS ARE PROVIDED, PERSONAL USE OF CLUB MEMBERSHIPS

IS TREATED AS TAXABLE INCOME ON FORM W-2.

PERSONAL SERVICES:

FINANCIAL CONSULTING SERVICES UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR ARE

PROVIDED TO CERTAIN SENIOR OFFICERS OF THE UNIVERSITY AND ARE TREATED AS

TAXABLE INCOME ON FORM W-2.

PART I, LINE 4B:

LINE 4B-SUPPLEMENTAL GROUP TERM LIFE INSURANCE PROGRAM FOR CERTAIN ACTIVE

AND RETIRED OFFICERS, WHICH INCLUDES A TAX GROSS-UP- B.FERKETISH-\$5,838;

M.NORDENBERG-\$334.522; P.BEESON-\$0; A.LEVINE-\$0; A.MARSH-\$0; A.RAMICONE-\$0.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

Employer identification number Name of the organization UNIVERSITY OF PITTSBURGH 25-0965591 Part I Rond Issues

| Part I Bond Issues | | | | | | | | _ | | | - | | |
|-------------------------------------------------|-----------------------------------------------------------------------------|------------------|-----------------|------------|----------|--------------|---------------|--------|--------|-------------------------|----------------|-----------------|----------|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ue price | (f) Descript | on of purpose | (g) De | feased | (h) On of is | behalf suer | (i) Po finar | |
| | | | | | | | | | No | Yes | No | Yes | No |
| A SEE SCHEDULE K, PART VI | SCHEDULE K, PART VI 25-0965591 91335VJP2 | | | 96, | 564,106. | SEE SCHEDULE | | х | | х | | х | |
| | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | <u> </u> |
| С | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| D Part II Proceeds | | | | | | | | | | | | | <u> </u> |
| Part II Proceeds | | | A | | | В | С | | | | D | | |
| 1 Amount of bonds retired | | | | <u> </u> | | В | | | + | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | | | | |
| 3 Total proceeds of issue | | | | 5,645,580. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | 557,401. | | | | | | | | | |
| 8 Credit enhancement from proceed | s | | | | | | | | | | | | |
| 9 Working capital expenditures from | proceeds | | | | | | | | | | | | |
| 10 Capital expenditures from proceed | | | | ,065,099. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | | | | |
| 13 Year of substantial completion | | | | 2015 | | | | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds issued as part of a | a current refunding issue? | | | X | | | | | | | | | |
| 15 Were the bonds issued as part of a | an advance refunding issue? . | | | X | | | | | | | | | |
| 16 Has the final allocation of proceeds | s been made? | | Х | | | | | | | | | | |
| 17 Does the organization maintain adequate book | s and records to support the final allocat | ion of proceeds? | Х | | | | | | | | | | |
| Part III Private Business Use | | | | | | | | | | | | | |
| | | | | | | В | Ç | | | | D | | |
| | Was the organization a partner in a partnership, or a member of an LLC, | | | No X | Yes | No | Yes | No | | Yes | | No | |
| which owned property financed by | which owned property financed by tax-exempt bonds? | | | | | | | | | | | | |
| 2 Are there any lease arrangements | Are there any lease arrangements that may result in private business use of | | | | | | | | | | | | |
| bond-financed property? | bond-financed property? | | | | | | | | | | | | |

Schedule K (Form 990) 2017 UNIVERSITY OF PITTSBURGH 25-0965591 Page 2

Part III Private Business Use (Continued)

| Par | Private Business Use (Continued) | | | | | | | | |
|-----|------------------------------------------------------------------------------------------------------|-----|-------|-----|----|-----|----|-----|----|
| | | | A | | В | (| Ç | |) |
| За | Are there any management or service contracts that may result in private | Yes | No | Yes | No | Yes | No | Yes | No |
| | business use of bond-financed property? | X | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| с | Are there any research agreements that may result in private business use of bond-financed property? | Х | | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any research agreements relating to the financed property? | Х | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by | | | | | | | | |
| | entities other than a section 501(c)(3) organization or a state or local government | | .30 % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a result of | | | | | | | | |
| | unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| | section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | .30 % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | Х | | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | _ | | | | • | | |
| | of | | % | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | | | | | | | | |
| | 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| | bonds of the issue are remediated in accordance with the requirements under | | | | | | | | |
| | Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | |
| | | | A | | В | | С | [|) |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | • | | • | | • | | • |
| а | Rebate not due yet? | | Х | | | | | | |
| | Exception to rebate? | Х | | | | | | | |
| | No rebate due? | | Х | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | • | | • | | • | | • |
| | performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | Х | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified | | | | | | | | |
| | hedge with respect to the bond issue? | | х | | | | | | |
| b | | N/A | _ | | • | | • | | • |
| | Term of hedge | | | | | | | | |
| | Was the hedge superintegrated? | | Х | | | | | | |
| | Was the hedge terminated? | | Х | | | | | | |

<u>Schedule K (Form 990) 2017</u> UNIVERSITY OF PITTSBURGH 25-0965591 Page **3**

| Part IV Arbitrage (Continued) | | | | | | | | |
|-----------------------------------------------------------------------------------------------|------------|---------------|----------|----|-----|----------|-----|----|
| | | 4 | I | В | | C | I |) |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of | | | | | | | | |
| section 148? | Х | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | | 4 | I | В | | <u> </u> | I |) |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of | | | | | | | | |
| federal tax requirements are timely identified and corrected through the voluntary | | | | | | | | |
| closing agreement program if self-remediation isn't available under applicable | | | | | | | | |
| regulations? | X | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedul | e K. See inst | ructions | | | | | |
| SCHEDULE K PART I BOND ISSUES- COLUMN (A)- ISSUER NAME | | | | | | | | |
| | | | | | | | | |
| A- UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER | | | | | | | | |
| EDUCATION-UNIVERSITY CAPITAL PROJECT BONDS, SERIES A, B-1, B-2 (SERIES | | | | | | | | |
| 2014) | | | | | | | | |
| | | | | | | | | |
| SCHEDULE K PART I BOND ISSUES- COLUMN (F)- DESCRIPTION OF PURPOSE | | | | | | | | |
| A-FINANCE CAPITAL PROJECTS | | | | | | | | |
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

| Name of the organization | | | | | | | | | Em | ployer | ident | ificati | on nu | mber |
|-------------------------------|------------------------------------|-------------------------------------|--------------|-----------------|-----------|-----------------------------|--------------|---------------------|--------|-----------------|---------------|---------|--------------|---------|
| | NIVERSITY OF | | | | | | | | | 0965 | 591 | | | |
| Part I Excess Bene | efit Transact | t ions (section 5 | 01(c)(3 | 3), sect | ion 50 | 1(c)(4), and 50 |)1(c) |)(29) organization | ns onl | y). | | | | |
| Complete if the o | organization ans | swered "Yes" on | Form | 990, Pa | art IV, I | ine 25a or 25l | b, or | r Form 990-EZ, P | art V, | line 40 | Db. | | | |
| 1 (a) Name of disqualified p | nerson (b) | Relationship bet | | | lified | 10 | -) D | escription of tran | eactio | nn | | (d) | (d) Correcte | |
| | Derson | person and o | organization | | | (O) Becomplient of trains | | | | <i>/</i> 11 | | Y | es | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | | |
| 2 Enter the amount of tax i | | | | | | | | | | | | | | |
| | | | | | | | | | | > \$ | | | | |
| 3 Enter the amount of tax, | if any, on line 2 | , above, reimburs | sed by | the or | ganiza | tion | | | | ▶ \$ | | | | |
| Part II Loans to and | d/or From In | torested Der | cons | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | |
| Complete if the o | - | | | | , Part | V, line 38a or l | Forn | n 990, Part IV, Iir | ne 26; | or if th | ne orga | ınızatı | on | |
| reported an amo | | | | 2. oan to or | 1 1- |) Ovininal | | A Dalaman alma | 1 | \ l.= | (h) Ap | oroved | /:x \A | /ritten |
| (a) Name of interested person | (b) Relationship with organization | 10111p (c) 1 dipose 1 2 2 2 2 2 | | | | e) Original sipal amount | (1 | (f) Balance due | | (g) In default? | | ard or | rd or agree | |
| F | | | <u> </u> | From | ' | 1 | | | | | | | | 1 |
| | | | То | FIOIII | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Total | | | | | | > \$ | | | | | | | | |
| Part III Grants or As | sistance Be | nefiting Inte | reste | d Pe | rsons | S. | | | • | | • | | • | |
| Complete if the o | organization ans | swered "Yes" on | Form | 990, Pa | art IV, I | ine 27. | | | | | | | | |
| (a) Name of interested p | person | (b) Relationship | betwe | een | |) Amount of | | (d) Type | of | | (e) |) Purp | ose o | f |
| | | interested per | son ar | nd | | assistance | | assistan | ce | | á | assist | ance | |
| | | the organiz | ation | | | | | | | | | | | |
| | | | | | | 10,0 | 00. | SCHOLARSHIP | | | | | | |
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Schedule L (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule L (Form 990 or 990-EZ) 2017 UNIVERSI | TY OF PITTSBURGH | | 25-0965591 | | Page 2 |
|-----------------------------------------------|--------------------------------------------|---------------|--------------------|---------|----------|
| Part IV Business Transactions Invol | <u> </u> | | | | |
| | d "Yes" on Form 990, Part IV, line 28a, 28 | | · | (a) Sh | aring of |
| (a) Name of interested person | (b) Relationship between interested | (c) Amount of | (d) Description of | organiz | zation's |
| | person and the organization | transaction | transaction | | nues? |
| | | | | Yes | No |
| SEE SCH. L PART V | N/A | 0. | N/A | | Х |
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| Part V Supplemental Information | | | | | |
| Provide additional information for resp | oonses to questions on Schedule L (see | nstructions). | | | |
| | | | | | |
| SCHEDULE L PART IV | | | | | |
| | | | | | |
| (A) NAME OF INTERESTED PERSON: ANNE E | AUER | | | | |
| | | | | | |
| (B) RELATIONSHIP BETWEEN INTERESTED PE | RSON AND ORGANIZATION: FAMILY | | | | |
| | | | | | |
| MEMBER OF MICHAEL A.BRYSON, A TRUSTEE. | | | | | |
| | | | | | |
| (C) AMOUNT OF TRANSACTION: \$60,422 | | | | | |
| | | | | | |
| (D) DESCRIPTION OF TRANSACTION: EMPLO | YMENT | | | | |
| | | | | | |
| (E) SHARING OF ORGANIZATION'S REVENUES | ? NO | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (A) NAME OF INTERESTED PERSON: ANITA | P. COURCOULAS, MD | | | | |
| | | | | | |
| (B) RELATIONSHIP BETWEEN INTERESTED PE | RSON AND ORGANIZATION: FAMILY | | | | |
| | | | | | |
| MEMBER OF IRA J. GUMBERG, A TRUSTEE. | | | | | |
| | | | | | |
| (C) AMOUNT OF TRANSACTION: \$239,017 | | | | | |
| | | | | | |
| (D) DESCRIPTION OF TRANSACTION: EMPLO | YMENT | | | | |
| | | | | | |
| (E) SHARING OF ORGANIZATION'S REVENUES | ? NO | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (A) NAME OF INTERESTED PERSON: JOHN GR | EFENSTETTE | | | | |
| | | | | | |
| (B) RELATIONSHIP BETWEEN INTERESTED PE | RSON AND ORGANIZATION: FAMILY | | | | |
| | | | | | |
| MEMBER OF EDWARD J. GREFENSTETTE, A TR | USTEE. | | | | |
| | | | | | |
| (C) AMOUNT OF TRANSACTION: \$79,599 | | | | | |

Schedule L (Form 990 or 990-EZ) 2017

10070501 785294 PITT

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

| Dort V Complemental Information |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). |
| |
| (E) SHARING OF ORGANIZATION'S REVENUES? NO |
| |
| (A) NAME OF INTERESTED PERSON: DAVID HICKTON |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY |
| MEMBER OF DAWNE HICKTON, A TRUSTEE. |
| (C) AMOUNT OF TRANSACTION: \$336,800 |
| (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT |
| (E) SHARING OF ORGANIZATION'S REVENUES? NO |
| |
| (A) NAME OF INTERESTED PERSON: MICHAEL NORDENBERG |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY |
| MEMBER OF MARK A. NORDENBERG, FORMER CHANCELLOR. |
| (C) AMOUNT OF TRANSACTION: \$53,632 |
| (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT |
| (E) SHARING OF ORGANIZATION'S REVENUES? NO |
| |
| (A) NAME OF INTERESTED PERSON: JOHN C. PELUSI |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY |
| MEMBER OF JOHN H. PELUSI, A TRUSTEE. |
| (C) AMOUNT OF TRANSACTION: \$34,273. |
| (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT |
| (E) SHARING OF ORGANIZATION'S REVENUES? NO |
| |
| (A) NAME OF INTERESTED PERSON: MICHAELA RAMICONE |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY |
| MEMBER OF ARTHUR G. RAMICONE, CFO. |
| (C) AMOUNT OF TRANSACTION: \$36,217 |
| (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT |

2017.05030 UNIVERSITY OF PITTSBURGH

Schedule L (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

| | UNIVERSITY OF PI | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|-----------|------------------|---|
| Part I Type | es of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of d noncash contrib | eterminin | | 3 |
| 1 Art - Works o | f art | Х | 2 | | WRITTEN APPRAISA | L | | |
| | al treasures | | | | | | | |
| | al interests | | | | | | | |
| | ublications | | | 598,645. | WRITTEN APPRAISA | L | | |
| | household goods | | | | | | | |
| | er vehicles | | | | | | | |
| | anes | | 1 | 500. | WRITTEN APPRAISA | L | | |
| | roperty | | | | | | | |
| | Publicly traded | | 158 | 8,143,696. | MEAN VALUE DATE | REC'D | | |
| | Closely held stock | | | | | | | |
| | Partnership, LLC, or | | | | | | | _ |
| trust interest | | | | | | | | |
| Securities - N | /liscellaneous | | | | | | | |
| | servation contribution - | | | | | | | |
| Historic struc | | | | | | | | |
| Qualified cor | servation contribution - Other | | | | | | | |
| Real estate - | Residential | | | | | | | |
| | Commercial | | | | | | | |
| | Other | | | | | | | |
| | | | | | | | | |
| | ory | | | | | | | |
| | edical supplies | | 1 | 24,000. | WRITTEN APPRAISA | \L | | |
| | | | | | | | | |
| | ifacts | | 3 | 18,715. | WRITTEN APPRAISA | L | | |
| | ecimens | | | | | | | |
| | ıl artifacts | | | | | | | |
| Other | (RELAY PANELS |) X | 2 | 82,544. | WRITTEN APPRAISA | L | | |
| Other > | (TRAVEL&AIRFAR | x | 1 | 1,263. | FMV | | | _ |
| ' Other ► | (GIFT CARD | x | 1 | 50. | VALUE AT DATE OF | CON | | _ |
| _ | · | | | | | | | _ |
| Other - | | | | | | | | |
| | orms 8283 received by the orga | anization durin | g the tax year for c | ontributions | | | | |
| Number of F | - | | | | | | 13 | |
| Number of F | orms 8283 received by the organization completed Form | | | | | 1 | | - |
| Number of Fe for which the | organization completed Form | 8283, Part IV, | Donee Acknowledg | gement29 | gh 28, that it | | 13 ′es | 1 |
| Number of For which the a During the year | e organization completed Form ear, did the organization receive | 8283, Part IV, e by contribution | Donee Acknowledo | pement 29 29 | | | | 1 |
| Number of Forwhich the During the years and the years are the properties. | e organization completed Form ear, did the organization receive r at least three years from the c | 8283, Part IV, e by contribution date of the initia | Donee Acknowledge on any property reparts al contribution, and | ported in Part I, lines 1 throu I which isn't required to be u | used for | 30a | | |
| Number of Foundation Number of Num | e organization completed Form ear, did the organization receive r at least three years from the cooses for the entire holding peri | 8283, Part IV, be by contribution date of the inition od? | Donee Acknowledge on any property reparts al contribution, and | ported in Part I, lines 1 throu I which isn't required to be u | used for | | | |
| Number of Formation for which the During the year must hold for exempt purp b If "Yes," desired. | e organization completed Form ear, did the organization receive r at least three years from the co oses for the entire holding peri cribe the arrangement in Part II | 8283, Part IV, by contribution ate of the initial od? . | Donee Acknowleds on any property rep al contribution, and | ported in Part I, lines 1 throu I which isn't required to be u | used for | 30a | | |
| Number of Formal Formal Formal Puring the year must hold for exempt purp b If "Yes," described by the org | e organization completed Form ear, did the organization receive r at least three years from the coses for the entire holding perioribe the arrangement in Part II anization have a gift acceptance | 8283, Part IV, be by contribution date of the initial od? | Donee Acknowledgen any property repal contribution, and equires the review | pement 29 | utions? | 30a | res . | |
| Number of Formation for which the formal department and formal fo | e organization completed Form ear, did the organization receive r at least three years from the coses for the entire holding peri cribe the arrangement in Part II anization have a gift acceptance anization hire or use third parti | 8283, Part IV, by contribution date of the inition od? ce policy that res or related or | Donee Acknowledgen any property repal contribution, and equires the review rganizations to soli | pement 29 | utions? | 30a | res . | 2 |
| Number of Formation Number of Number | e organization completed Form ear, did the organization receive r at least three years from the coses for the entire holding peri- cribe the arrangement in Part II anization have a gift acceptant anization hire or use third parti | 8283, Part IV, by contribution date of the inition od? ce policy that res or related or | Donee Acknowledgen any property repal contribution, and equires the review rganizations to soli | pement 29 | utions? | 30a 31 | res . | 2 |
| Number of Form which the for which the Da During the year must hold for exempt purp b If "Yes," desired Does the organizations b If "Yes," desired for the properties of the p | e organization completed Form ear, did the organization receive r at least three years from the coses for the entire holding peri- cribe the arrangement in Part II anization have a gift acceptant anization hire or use third parti | 8283, Part IV, by contribution date of the inition od? ce policy that responses or related on | Donee Acknowledon any property repal contribution, and equires the review rganizations to soli | pement 29 | utions? | 30a 31 | res . | 2 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

this part for any additional information.

Part II

Schedule M (Form 990) 2017 732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

| UNIVE | RSITY OF PITTSB | URGH | | 25-0965591 |
|-------------------------------|------------------|------------------|-------------------|------------|
| FORM 990, PART III, LINE 1, D | ESCRIPTION OF O | RGANIZATION MIS | SION: | |
| | | | | |
| THE UNIVERSITY OF PITTSBURGH, | FOUNDED IN 178 | 7, IS ONE OF TH | E OLDEST | |
| INSTITUTIONS OF HIGHER EDUCAT | ION IN THE UNIT | ED STATES AND O | NE OF THE | |
| NATION'S TOP PUBLIC RESEARCH | UNIVERSITIES. | FOR MORE THAN T | WO | |
| CENTURIES, THE UNIVERSITY OF | PITTSBURGH HAS | SERVED THE NEED: | S OF ITS | |
| HOME REGION, THE COMMONWEALTH | OF PENNSYLVANI | A, AND THE NATIO | ON AS A | |
| LEADER IN EDUCATION, A PIONEE | R IN RESEARCH A | ND A PARTNER IN | COMMUNITY | |
| SERVICE. | | | | |
| | | | | |
| FORM 990, PART III, LINE 4D, | OTHER PROGRAM S | ERVICES: | | |
| | EXPENSES | GRANTS | REVENUE | |
| STUDENT SERVICES | 173,112,176 | | | |
| SCHOLARSHIPS AND FELLOWSHIPS | 192,747,581 | 192,747,581 | | |
| AUXILIARY ENTERPRISES | 134,228,312 | | 139,954,153 | |
| LIBRARIES | 45,456,835 | | | |
| PUBLIC SERVICE | 81,101,839 | 1,124,264 | | |
| EXP. \$ 626,646,741. INCL GRA | NTS OF \$ 193,87 | 1,845. REVENU | E \$ 139,954,153. | |
| | | | | |
| FORM 990, PART VI, SECTION A, | LINE 2: | | | |
| PATRICK D. GALLAGHER AND EDWA | RD J.GREFENSTET | TE HAVE A BUSIN | ESS RELATIONSHIP | |
| (ONE IS ON THE BOARD OF DIREC | TORS OF THE OTH | ER'S EMPLOYER). | | |
| | | | | |
| FORM 990, PART VI, SECTION A, | LINE 7A: | | | |
| YES. UNDER THE COMMONWEALTH A | CT OF 1966 (THE | "ACT"), TWELVE | OF THE TRUSTEES | |
| ARE DESIGNATED AS COMMONWEALT | H TRUSTEES. FO | UR ARE APPOINTE | D BY THE | |

Schedule O (Form 990 or 990-EZ) (2017)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Name of the organization UNIVERSITY OF PITTSBURGH | Employer identification number 25-0965591 |
|-----------------------------------------------------------------------------|-------------------------------------------|
| | 23-0903391 |
| GOVERNOR, WITH ADVICE AND CONSENT OF TWO-THIRDS OF ALL MEMBERS OF THE | |
| SENATE. FOUR ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE SENATE. | |
| FOUR ARE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| PRIOR TO THE MAY 6, 2019 MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF | |
| TRUSTEES, A COPY OF THE DRAFT IRS FORMS 990 AND 990-T FOR FISCAL YEAR 2018 | |
| WAS DISTRIBUTED TO EACH COMMITTEE MEMBER. AT THE MAY 6TH MEETING, THE | |
| CHIEF FINANCIAL OFFICER OF THE UNIVERSITY REVIEWED BOTH FORMS WITH THE | |
| AUDIT COMMITTEE. VOTING MEMBERS OF THE COMMITTEE INCLUDE OUTSIDE | |
| DIRECTORS, WHILE NONVOTING MEMBERS INCLUDE SENIOR UNIVERSITY ADMINISTRATORS | |
| AS WELL AS STUDENT, FACULTY, AND STAFF REPRESENTATIVES. THE REVIEW | |
| INCLUDED A DISCUSSION OF EACH SIGNIFICANT SECTION OF THE TWO FORMS, | |
| HIGHLIGHTING RELEVANT CHANGES IN REQUIRED REPORTING AND ANY SIGNIFICANT | |
| VARIATIONS FROM PREVIOUS FILINGS. COMMITTEE MEMBERS WERE FREE TO ASK | |
| QUESTIONS AND PROVIDE FEEDBACK. SUBSEQUENT TO THE AUDIT COMMITTEE'S | |
| REVIEW, A COPY OF FORM 990 WAS MADE AVAILABLE TO EACH MEMBER OF THE ENTIRE | |
| BOARD OF TRUSTEES AND ALSO MADE AVAILABLE FOR PUBLIC INSPECTION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| THE UNIVERSITY REQUIRES THAT ALL MEMBERS OF ITS BOARD OF TRUSTEES PROMPTLY | |
| DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST AS THEY ARISE, AS WELL | |
| AS ANNUALLY COMPLETE A DISCLOSURE QUESTIONNAIRE. DISCLOSURES ARE SUBMITTED | |
| THROUGH THE UNIVERSITY'S OFFICE OF THE SECRETARY, REVIEWED BY THE | |
| UNIVERSITY'S OFFICE OF UNIVERSITY COUNSEL AND PROVIDED TO THE BOARD | |
| CHAIRPERSON AND THE CHAIRPERSON OF THE GOVERNANCE AND NOMINATING COMMITTEE | |
| FOR REVIEW AND POSSIBLE ACTION. THE GOVERNANCE AND NOMINATING COMMITTEE OF | |
| THE BOARD OF TRUSTEES OVERSEES TRUSTEE COMPLIANCE AND ADVISES, WHEN | |

107

| Name of the organization UNIVERSITY OF PITTSBURGH | Employer identification number |
|-----------------------------------------------------------------------------|--------------------------------|
| | 23-0303391 |
| NECESSARY, ON MANAGING ANY POTENTIAL OR ACTUAL CONFLICTS. TRUSTEES | |
| GENERALLY ARE REQUIRED TO REFRAIN FROM PARTICIPATION ON MATTERS RELATED TO | |
| ANY CONFLICT. | |
| | |
| THE UNIVERSITY ALSO REQUIRES THAT EMPLOYEES, INCLUDING ITS OFFICERS, | |
| DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE WITH THE | |
| UNIVERSITY, AS WELL AS ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT. | |
| ALL DISCLOSURES REQUIRED OF UNIVERSITY EMPLOYEES ARE MADE TO THE NEXT | |
| HIGHER ADMINISTRATOR IN THE EMPLOYEE'S SUPERVISORY LINE (IN THE CASE OF THE | |
| UNIVERSITY'S CHANCELLOR, SUCH DISCLOSURES ARE MADE TO THE BOARD | |
| CHAIRPERSON). THE RECIPIENT REVIEWS SUCH DISCLOSURES FOR REAL, APPARENT OR | |
| POTENTIAL CONFLICTS OF INTEREST AND THEN RECOMMENDS AND INITIATES ANY | |
| NECESSARY ACTIONS. EMPLOYEES ARE PROHIBITED FROM EXERCISING ANY UNIVERSITY | |
| DECISION-MAKING AUTHORITY OR FROM EXERTING INFLUENCE CONCERNING ANY | |
| ORGANIZATION OR TRANSACTION IN WHICH THEY OR A RELATED PARTY HAVE A | |
| PERSONAL INTEREST. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE BOARD OF TRUSTEES, BY RESOLUTION OF JUNE 13, 1991 (AMENDED JUNE 19, | |
| 1992), ESTABLISHED THE COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF | |
| THE BOARD. THE COMPENSATION COMMITTEE IS AUTHORIZED TO DETERMINE THE | |
| CHANCELLOR'S COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES. UPON | |
| THE RECOMMENDATION OF THE CHANCELLOR, THE COMPENSATION COMMITTEE ALSO | |
| DETERMINES THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF | |
| THE OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT AND ASSOCIATE TREASURERS | |
| AND SECRETARIES. | |
| | |
| | |

| Name of the organization UNIVERSITY OF PITTSBURGH | Employer identification number 25-0965591 |
|----------------------------------------------------------------------------|-------------------------------------------|
| THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO | |
| TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST | |
| WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS. | |
| | |
| TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS RESPONSIBILITIES, THE | |
| SERVICES OF A GLOBAL PROFESSIONAL SERVICES FIRM ARE USED FOR COMPENSATION | |
| CONSULTING AND MARKET RESEARCH. THAT FIRM PROVIDES THE COMPENSATION | |
| COMMITTEE WITH COMPENSATION DATA FROM A GROUP OF COMPARABLE U.S. | |
| UNIVERSITIES.THE OFFICERS' COMPENSATION IS BENCHMARKED AGAINST THESE | |
| INSTITUTIONS. | |
| | |
| MINUTES OF THE COMPENSATION COMMITTEE'S MEETINGS ARE MAINTAINED IN THE | |
| OFFICE OF THE SECRETARY OF THE BOARD OF TRUSTEES. ACCESS TO MINUTES OF ALL | |
| PUBLIC MEETINGS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES ARE AVAILABLE | |
| TO THE PUBLIC. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| ALL RELEVANT DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND | |
| AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE | |
| UNIVERSITY'S WEB SITE AND/OR BY REQUEST. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 13 AND 14 | |
| THE UNIVERSITY HAS A WHISTLEBLOWER AND DOCUMENT RETENTION AND | |
| DESTRUCTION POLICY. HOWEVER, THE POLICIES HAVE NOT BEEN ADOPTED BY THE | |
| BOARD OF TRUSTEES. | |
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| Schedule O (Form 990 or 990-E2) (2017) Name of the organization (INIVERSITY OF PITTSBURGH RECONCILIATION OF FORM 990 PART VIII, LINE 12C TO FORM 990-T PART I, LINE 13: FORM 990-T PART I, LINE 13: \$5,836,108 FORM 990-T PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSFORTATION FRINGE BENEFITS EXPENES SUBJECT TO TAX: \$3,374,120 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECONCILIATION OF FORM 990 PART VIII, LINE 12C TO FORM 990-T PART I, LINE 13: FORM 990-T PART I, LINE 13: \$5,836,108 FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
| LINE 13: FORM 990-T PART I, LINE 13: \$5,836,108 FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
| FORM 990-T PART I, LINE 13: \$5,836,108 FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
| FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
| FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
| FORM 990 PART VIII, LINE 12C: \$2,461,988 DIFFERENCE: TRANSPORTATION FRINGE |
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| BENEFITS EXPENES SUBJECT TO TAX: \$3,374,120 |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNIVERSITY OF PITTSBURGH
Employer identification number
25-0965591

| (a) | (b) | (c) | (d) | (e) | (f) |
|--------------------------------------------------------------|-----------------------------|-------------------------------------------|--------------|--------------------|---------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| 3441 F STREET, LLC - 37-1893874 | | | | | |
| 251 LITTLE FALLS DRIVE | | | | | |
| WILMINGTON, DE 19808 | REAL ESTATE HOLDINGS | DELAWARE | 0. | 0. | STONE MANSION, LLC |
| LIFEX LABS LLC - 83-1525466 | | | | | |
| 4200 FIFTH AVENUE | | | | | |
| PITTSBURGH, PA 15260 | LIFE SCIENCES INCUBATOR | PENNSYLVANIA | 99,350. | 57,157. | LIFEX VENTURES LLC |
| LIFEX VENTURES LLC - 83-3620757 | | | | | |
| 4200 FIFTH AVENUE | LIFE SCIENCES INCUBATOR | | | | UNIVERSITY OF |
| PITTSBURGH, PA 15260 | HOLDING COMPANY | PENNSYLVANIA | 0. | 0. | PITTSBURGH |
| STONE MANSION, LLC - 82-5055695 | | | | | |
| 4200 FIFTH AVENUE | | | | | UNIVERSITY OF |
| PITTSBURGH, PA 15260 | REAL ESTATE HOLDING COMPANY | PENNSYLVANIA | 0. | 0. | PITTSBURGH |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | conti | g) 512(b)(13) rolled tity? |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|-------------------------------|-------|-------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL | TO INTEGRATE FUNDRAISING | | | | | | |
| AND HEALTH SCIENCES FOUNDATION - 1, 3600 | FOR THE UNIVERSITY OF | | | | | | |
| FORBES AVE, SUITE 8084 FORBES TOWER, | PITTSBURGH AND UPMC | PENNSYLVANIA | 501(C)(3) | 12A | | | х |
| BRADFORD EDUCATIONAL FOUNDATION - 25-1399653 | | | | | | | |
| 300 CAMPUS DRIVE | TO SUPPORT THE UNIVERSITY | | | | | | |
| BRADFORD, PA 16701 | OF PITTSBURGH AT BRADFORD | PENNSYLVANIA | 501(C)(3) | 12C | | | х |
| JOHNSTOWN EDUCATIONAL FOUNDATION - | | | | | | | |
| 25-1513720, UPJ,266 BLACKINGTON HALL, | TO SUPPORT THE UNIVERSITY | | | | UNIVERSITY OF | | |
| JOHNSTOWN, PA 15904 | OF PITTSBURGH AT JOHNSTOWN | PENNSYLVANIA | 501(C)(3) | 12C | PITTSBURGH | х | |
| EYE AND EAR FOUNDATION - 25-1439732 | ADVANCE EFFORTS OF | | | | | | |
| BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST, | OTOLARYNGOLOGY AND | | | | | | 1 |
| PITTSBURGH, PA 15213 | OPTHALMOLOGY DEPARTMENTS | PENNSYLVANIA | 501(C)(3) | 12C | | | х |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

UNIVERSITY OF PITTSBURGH 25-0965591

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled zation? |
|----------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------|---------------------------------------|-------------------------------|-------|---------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| UNIVERSITY OF PITTSBURGH TRUST - 25-1465279 | OVERSIGHT OF CERTAIN | | | | | | |
| 5TH AVE AND BIGELOW | UNIVERSITY AFFILIATED | | | | UNIVERSITY OF | | |
| PITTSBURGH, PA 15260 | ENTITIES AND ASSETS | PENNSYLVANIA | 501(C)(3) | 12C | PITTSBURGH | х | |
| UNIVERSITY DENTAL HEALTH SERVICES - | TO PROVIDE TEACHING AND | | | | | | |
| 25-1762396, 3501 TERRACE STREET, PITTSBURGH, | PATIENT CARE IN A TEACHING | | | | UNIVERSITY OF | | |
| PA 15261 | AND RESEARCH SETTING | PENNSYLVANIA | 501(C)(3) | 3 | PITTSBURGH | х | |
| PITTSBURGH SKIN & CANCER FOUNDATION - | SUPPORT OF PROGRAMS, | | | | | | |
| 25-0965472, 190 LOTHROP STREET STE 145, | RESEARCH, AND EDUCATION | | | | UNIVERSITY OF | | |
| PITTSBURGH, PA 15213 | WITHIN DERMATOLOGY | PENNSYLVANIA | 501(C)(3) | 7 | PITTSBURGH | х | |
| PITTSBURGH TISSUE ENGINEERING INITIATIVE | | | | | | | |
| INC 25-1789285, 100 TECHNOLOGY DRIVE NO | FOSTER RESEARCH PERTAINING | | | | | | |
| 200, PITTSBURGH, PA 15219 | TO TISSUE ENGINEERING | PENNSYLVANIA | 501(C)(3) | 12A | | х | |
| MPC CORPORATION - 25-1128244 | RESEARCH ACTIVITIES TO AID | | | | | | |
| 5000 FORBES AVENUE | EDUCATIONAL AND ECONOMIC | | | | | | |
| PITTSBURGH, PA 15213 | DEVELOPMENT IN PA | PENNSYLVANIA | 501(C)(3) | 12A | | х | |
| UPMC - 25-1423657 | SUPPORTING SUBSIDIARIES | | | | | | |
| 600 GRANT STREET 58TH FLOOR | HEALTHCARE, EDUCATION, AND | | | | | | |
| PITTSBURGH PA 15219 | RESEARCH PROGRAMS | PENNSYLVANIA | 501(C)(3) | 12C | | | х |
| DIETRICH FOUNDATION - 36-4711746 | TO BENEFIT HIGHER | | | | | | |
| 600 GRANT STREET NO 5360 | EDUCATION AND OTHER | | | | | | |
| PITTSBURGH, PA 15219 | CHARITABLE PURPOSES. | PENNSYLVANIA | 501(C)(3) | 12A | | | х |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|------------------------------------------------|------------------|-------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------|---------------------|------------------------------------------------------------------|-------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | alloca | ortionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General managir partner | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | D |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(cont | Section 512(b)(13) controlled entity? | |
|------------------------------------------------------|--------------------------------|--------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------|------------------------------------------------|--|
| | | country) | | or tructy | | uccosts | | Yes | No | |
| TSH CORPORATION - 25-1520417 | | | UNIVERSITY OF | | | | | | | |
| 124 CATHEDRAL OF LEARNING | | | PITTSBURGH | | | | | | | |
| PITTSBURGH, PA 15260 | DORMANT | PA | TRUST | C CORP | | | 5.00% | | х | |
| FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN | | | | | | | | | | |
| 5TH AVE AND BIGELOW | 1 | | UNIVERSITY OF | | | | | | | |
| PITTSBURGH, PA 15260 | DORMANT | PA | PITTSBURGH | C CORP | | | 100.00% | Х | | |
| SCHENLEY PARK APARTMENTS COMPANY - EIN | | | | | | | | | | |
| UNKNOWN, 5TH AVE AND BIGELOW, PITTSBURGH, PA | 1 | | UNIVERSITY OF | | | | | | | |
| 15260 | DORMANT | PA | PITTSBURGH | C CORP | | | 100.00% | Х | | |
| CARILLO STEAM PRODUCTION ASSOCIATION, LLC - | SERVICE CORPORATION | | | | | | | | | |
| 27-1073489, 400 EUREKA BUILDING, 3400 FORBES | TO MANAGE THE STEAM | | UNIVERSITY OF | | | | | | | |
| AVENUE, PITTSBURGH, PA 15260 | PLANT | PA | PITTSBURGH | C CORP | | | 75.00% | Х | | |
| VINCENT PAYMENT SOLUTIONS | | | | | | | | | | |
| 2711 CENTERVILLE ROAD | PAYMENT SOLUTION | | UNIVERSITY OF | | | | | | | |
| WILMINGTON, DE 19808 | PROVIDER | DE | PITTSBURGH | C CORP | | | 50.00% | | Х | |

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | | tion b)(13) rolled tity? |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-----|-----------------------------------|
| | | | UNIVERSITY OF | , | | | | Yes | No |
| CHARITABLE REMAINDER TRUSTS(5) | CHARITABLE TRUST | 1 | PITTSBURGH | | | | | х | |
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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| No | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | | Yes | No | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---|----------|------|--|----|-----|----|--|
| 1 | | | | | | | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | 1a | | Х | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | | 1b | | Х | |
| С | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| d | d Loans or loan guarantees to or for related organization(s) | | | | | | | | |
| e Loans or loan guarantees by related organization(s) | | | | | | | | | |
| | | | | | | | | | |
| f | Dividends from related organization(s) | | | | | 1f | | Х | |
| g | Sale of assets to related organization(s) | | | | | 1g | | Х | |
| | Purchase of assets from related organization(s) | | | | | 1h | | Х | |
| i | Exchange of assets with related organization(s) | | | | | 1i | | Х | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | | 1j | | Х | |
| | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | |
| - 1 | I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | Х | |
| n | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | |
| | | | | | | 10 | Х | | |
| | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | | 1p | х | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | | 1q | Х | | |
| | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | | 1r | | Х | |
| | Other transfer of cash or property from related organization(s) | | | | | 1s | | Х | |
| | If the answer to any of the above is "Yes," see the instructions for information on w | | | | | | | | |
| | (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) | | | | | | | | |
| (1) | JOHNSTOWN EDUCATIONAL FOUNDATION | С | 106,673. | CASH | | | | | |
| (2) | UNIVERSITY DENTAL HEALTH SERVICES | С | 467,100. | CASH | | | | | |
| | | | | | | | | | |

0

Q

1,593,075.CASH

47,668.CASH

(5)

(3) UNIVERSITY DENTAL HEALTH SERVICES

(4) UNIVERSITY DENTAL HEALTH SERVICES

 Schedule R (Form 990) 2017
 UNIVERSITY OF PITTSBURGH
 25-0965591
 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e) Are a partners 501(c) orgs. |) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|------------|----------|-------------|----------|----------------|------------------------------------------------------------------|-----------------|-----------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners | S Sec. | Share of | Share of | Disp | ropor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | Percentag |
| of entity | | (state or foreign | excluded from tax under | orgs. |)(3) .? | total | end-of-year | alloca | tions? | of Schedule K-1 | partne | ownership |
| | | country) | sections 512-514) | Yes I | | income | assets | Yes | No | (Form 1065) | Yes N | ю |
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| must t | ise Form 7004 to request an extension of time to file incom | ie tax retui | ms. | Enter file | er's identifying r | number | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|-------------|--------------------|-------------|--|--|
| Type o | Name of exempt organization or other filer, see instru | | Employer identification number (EIN) or | | | | | |
| | UNIVERSITY OF PITTSBURGH | | 25-0965591 | | | | | |
| File by th due date | | ee instruc | tions. | Social se | SSN) | | | |
| filing you return. S | | | | | | | | |
| instruction | | | | | | | | |
| | PITTSBURGH, PA 15260-0100 | | | | | | | |
| Enter t | he Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | | |
| Applic | ation | Return | Application | | | Return | | |
| ls For | | Code | Is For | | | Code | | |
| Form 9 | 990 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 9 | 990-BL | 02 | Form 1041-A | | | 08 | | |
| Form 4 | 1720 (individual) | 03 | Form 4720 (other than individual) | | 09 | | | |
| Form 9 | 990-PF | 04 | Form 5227 | | | 10 | | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | 11 | | |
| Form 9 | 990-T (trust other than above) | | | 12 | | | | |
| | THURMAN D. WINGROVE | | | | | | | |
| | books are in the care of 3015 CATHEDRAL OF LEAF | RNING - | | | | | | |
| | ephone No. (412)624-6050 | | Fax No. | | | . \square | | |
| | ne organization does not have an office or place of business | | | | | | | |
| | nis is for a Group Return, enter the organization's four digit | 7 | | | | | | |
| box 🕨 | | | | | | | | |
| | request an automatic 6-month extension of time until | | 5 , 2019 , to file | the exem | npt organization | return | | |
| 1 | for the organization named above. The extension is for the | organizati | on's return for: | | | | | |
| _ | | | | | | | | |
| ļ | calendar year or | | | | | | | |
| | ▶ X tax year beginningJUL 1, 2017 | | | | <u> </u> | | | |
| 2 | f the tax year entered in line 1 is for less than 12 months, c | heck reas | on: | Final retur | n | | | |
| | Change in accounting period | | | | 1 | | | |
| | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | | | 0. | | | | |
| - | nonrefundable credits. See instructions. 3a \$ | | | | | | | |
| | b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | |
| - | estimated tax payments made. Include any prior year overp | | | 3b | \$ | 0. | | |
| | Balance due. Subtract line 3b from line 3a. Include your pa | , | , , , | | | 0. | | |
| | by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ | | | | | | | |
| Cautio | on: If you are going to make an electronic funds withdrawal | iairect de | DIT) WITH THIS FORM 8868, See Form 8 | 5453-FU ar | na Form 88/9-F(| tor payment | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.

University of Pittsburgh 25 Highest Paid Non-Officers For the Year Ended June 30, 2018 Right-to-Know Disclosure

| Ranking | Name | Total Gross |
|---------|-------------------------------|-------------|
| 1 | Narduzzi, Patrick | \$3,142,424 |
| 2 | Stallings, Kevin | \$2,426,368 |
| 3 | McConnell-Serio, Suzanne | \$667,813 |
| 4 | Becich, Michael J | \$642,060 |
| 5 | Nordenberg, Mark A | \$635,162 |
| 6 | James, Alton Everette III | \$574,985 |
| 7 | Burke, Donald S | \$492,629 |
| 8 | Strick, Peter Leonard | \$488,114 |
| 9 | Reis, Steven E | \$475,000 |
| 10 | Vesterlund, Lise Duedal | \$467,686 |
| 11 | Denis, David | \$460,507 |
| 12 | Braun, Thomas W | \$451,545 |
| 13 | Assad, Arjang A | \$441,360 |
| 14 | Freeman, Bruce A | \$432,519 |
| 15 | Shlomchik, Mark Jay | \$430,731 |
| 16 | Tuan, Rocky Sung Chi | \$428,093 |
| 17 | Bahar, Ivet | \$412,918 |
| 18 | Denis, Diane K | \$407,550 |
| 19 | Watson, Steven Shawn | \$405,000 |
| 20 | Vignali, Dario Angelo Alberto | \$401,289 |
| 21 | Outar, O'Neil A S | \$401,042 |
| 22 | Taylor, Douglass Lansing | \$400,669 |
| 23 | Chyu, Ming King | \$398,554 |
| 24 | Inman, John Jeffrey | \$396,079 |
| 25 | Thompson, Ann E | \$391,798 |